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ABSTRACT

This report of a special State Technical College Task Force responds to a Minnesota legislative directive regarding needed changes in preservice and continuing education programs for personnel providing services for people with developmental disabilities. Introductory material provides background information and a summary of the 1991 legislation supporting the preparation of training materials and the establishment of the task force. The next section sets out the major problem areas regarding training and the related recommendations of the Task Force. Recommendations address: interagency cooperation and collaboration, adequate funding, development of competency-based curriculum and materials, dissemination of materials, materials evaluation, and staffing problems. The next section identifies accomplishments, including the identification of essential curriculum components; local delivery of training at technical and community colleges; current grants and projects addressing the development of a statewide training system and training modules; collection of data regarding services and costs from four state agencies; and convening of 13 developmental disabilities town meetings throughout the state. Appendices provide a chronological history of relevant Minnesota activities, the criteria for a competency-based training format, details of the state agency data, common themes emerging from the town meetings, and a summary of efforts in other states. (Contains 21 references.) (DB)

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STATE
TECHNICAL COLLEGE
TASK FORCE
ON

# EDUCATIONAL OPPORTUNITIES

FOR
DEVELOPMENTAL DISABILITIES
SERVICE PROVIDERS

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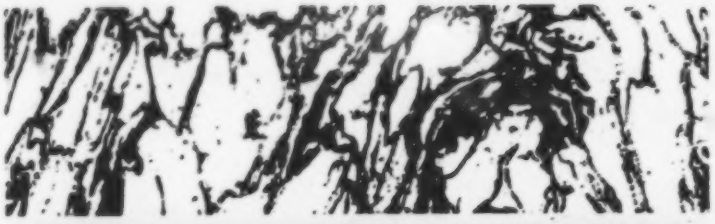

## Table of Contents


1 BACKGROUND

2 LEGISLATION

3 OVERVIEW OF MINNESOTA'S HISTORY: DOCUMENTED SUPPORT FOR TASK FORCE RECOMMENDATIONS AND THE NEED TO ESTABLISH A SYSTEMATIC APPROACH TO TRAINING OF DIRECT CARE STAFF

7 ACCOMPLISHMENTS AND CURRENT STATUS IN MINNESOTA
- ▲ STATE TECHNICAL COLLEGE ADVISORY TASK FORCE
- ▲ CURRENT GRANTS AND PROJECTS
- ▲ STATE AGENCY DATA
- ▲ DEVELOPMENTAL DISABILITIES TOWN MEETINGS

14 SYSTEMATIC APPROACH TO TRAINING
- ▲ APPENDICES
- ▲ REFERENCES



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**PREPARED BY THE MINNESOTA STATE TECHNICAL COLLEGE TASK FORCE ON EDUCATIONAL OPPORTUNITIES FOR DEVELOPMENTAL DISABILITIES SERVICE PROVIDERS.**

**PARENTS, CONSUMERS, ADVOCACY GROUPS**
Pat Tietz, Dorothy Skarnulis, Lorrie Ufkin, Byron Johnson, Joyce Lang, Bill Malleris.

**STATE EMPLOYEE UNION, ORGANIZATIONS AND INDIVIDUALS**
Belle Phillippi, Jerry Mueller, Marcia B. Bryan, Sherri Mortensen Brown, Hans Swemle.

**POSTSECONDARY EDUCATION AND CONCERNED CITIZENS**
Lowell Rasmussen, Teri Wallace, Melodie Broden, Lloyd A. Petri.

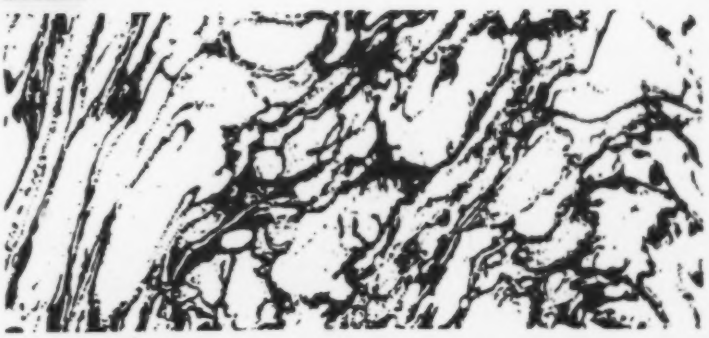
**STATE AGENCIES**
**MN Department of Health,** Jan Jernell
**MN Department of Jobs and Training,** Kim Rezek, Allan Lunz,
**MN Department of Human Services,** Ralph McQuarter
**MN Department of Education,** Levi Young

**GOVERNOR'S PLANNING COUNCIL ON DEVELOPMENTAL DISABILITIES**
Colleen Wieck, Ron Kaliszewski

**CONTRACTED CONSULTANT**
Naomi Beachy, Brainerd Staples Technical College

**WRITTEN BY: MARY JO NICHOLS**

**DESIGN AND PRODUCTION BY: DESTINY 2, INC.**

**In 1991** the Minnesota Legislature enacted legislation that directs the State Board of Technical Colleges, with task force assistance, to develop education and training materials for direct care providers, including families, who provide services to persons with developmental disabilities, and directs an appointed Task Force to report on their recommendations for needed changes in both pre-service and continuing education programs.

The need to establish a statewide, state-of-the-art training/practice system for direct care providers, including families, has been recognized and discussed for almost two decades. Personal and financial resources have been invested, and reinvested, as proposals have been repeatedly made to act on this well-documented need. There has been little return on this investment. Few, if any, tangible outcomes have been realized due, at least in part, to a lack of coordination in communication and training methods, and an inability to secure critical inter-agency cooperation.

In the meantime, persons with developmental disabilities have been waiting for almost two decades to receive adequate and appropriate state-of-the-art services from competently-trained direct care providers. This delay has resulted in missed opportunities for approximately 70,000 Minnesota citizens to live quality lives and to achieve their maximum potential in an inclusive community.

This is not to suggest that no progress has been made. Training initiatives and training strategies that exemplify state-of-the-art practice and philosophy in the field of developmental disabilities have been developed and initial steps taken, but full implementation has been virtually impossible. Consistency and some consenses of training content and priorities are missing. Agency rules that do address training requirements are inflexible. They are workable in a relatively static environment, but are incapable of measuring minimum job performance that is consistent with contemporary best practices in a dynamic environment. High staff turnover rates and the associated costs drain resources from services and programs. The delivery system is fragmented. Attempts to gain cross-agency cooperation, independent of legislative intervention, in order to rectify this situation have not been successful.

This report has been prepared to comply with the legislative directive regarding needed changes in preservice and continuing education programs. The recommendations contained in this report represent a commitment of the State Technical College Task Force to make the vision of a state-of-the-art training system/practice a reality in Minnesota. They are a critical step towards the design, development, and implementation of such a system, and a long overdue improvement in the quality of services provided to persons with developmental disabilities.

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**PEOPLE WITH DEVELOPMENTAL DISABILITIES HAVE BEEN WAITING FOR ALMOST TWO DECADES TO RECEIVE ADEQUATE AND APPROPRIATE STATE-OF-THE-ART SERVICES FROM COMPETENTLY-TRAINED DIRECT CARE PROVIDERS.**

## *Legislation*

**RELATING TO EDUCATION; PERMITTING THE STATE BOARD OF TECHNICAL COLLEGES TO DEVELOP EDUCATION MATERIALS FOR PEOPLE WHO PROVIDE SERVICES TO PEOPLE WITH DEVELOPMENTAL DISABILITIES; CREATING AN ADVISORY TASK FORCE; REQUIRING A REPORT.**

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:**

Section 1. [EDUCATION MATERIALS FOR DIRECT CARE STAFF.]

**Subdivision 1. [FINDINGS.] In order to provide quality services to persons with developmental disabilities, the legislature finds it necessary to ensure that all persons who provide the services receive appropriate education. The education must promote the dignity of persons being served and contain outcome-based criteria.**

**Subd. 2. [EDUCATION MATERIALS.] The state board of technical colleges may contract with state or private entities to develop education materials for individuals and families who provide services to persons with developmental disabilities. To assist in the development of appropriate education materials, the chancellor of the technical college system shall appoint a 15-member task force. Six members of the task force shall represent consumers, parents, and advocacy organizations. Five members of the task force shall represent state employee unions, organizations, and individuals who provide direct services to persons with developmental disabilities. Four members of the task force shall represent post-secondary education and concerned citizens of the state.**

**Subd.3. [COORDINATION WITH STATE AGENCIES.] The technical college system shall coordinate the development of education materials with the departments of human services, health, education, and jobs and training. Each of these state agencies shall designate staff to support the development of education materials.**

**Subd.4. [REPORT.] The task force shall report to the state board, other appropriate state agencies, and the legislature on changes needed in preservice and continuing education programs for persons who provide services to people with developmental disabilities.**

**CHAPTER. 276, 1991 MINN. SESS. LAW**

## *Overview*

### Minnesota History: Documented Support for Task Force Recommendations.

The Governor's Planning Council on Developmental Disabilities (hereafter, the DD Council) has assumed major responsibility for gathering credible evidence that documents the need for a systematic approach to direct care staff training in Minnesota. The DD Council has also taken a leadership role in actively promoting a comprehensive, state-of-the-art training system that is delivered locally, and more cost effectively, through the technical and community college systems and includes training incentives for employees and providers.

This section sets out the major problem areas regarding training, the recommendations of the Task Force in response to each of these problems, and specific reports, studies, or papers that support the recommendations. A detailed chronological history is included in Appendix A.

**PROBLEM AREA:**

**There is a need to secure interagency cooperation and collaboration.**

## RECOMMENDATIONS:

1. State agency coordination/collaboration will need legislative direction.
2. Currently, it is nearly impossible to determine how much money is being spent on the training of direct care providers. There is a need for agencies to develop a uniform tracking system to allow the State to determine the amount of funds being spent on training, how funds are being spent, who is receiving training, and the outcomes achieved by such training.
3. Agencies currently providing training or providing training funds, The Departments of Human Services, Education, Health, Jobs & Training, and Transportation, should coordinate such training in order to promote efficiency, cost-effectiveness and the achievement of outcomes.
4. Modify all applicable rules/legislation so that the emphasis is on the values described in the Guiding Principles adopted by the Task Force.
5. Place primary responsibility in the Technical College System for developing and sustaining the vision adopted by the Task Force, insuring that training happens and that it meets the needs of direct care providers, and that training is consistent with the values described in the Guiding Principles. This responsible entity should possess the following characteristics: a commitment to the vision adopted by the Task Force,

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**WE NEED TO ESTABLISH A SYSTEMATIC APPROACH TO TRAINING OF DIRECT CARE STAFF.**

**SUPPORTING DOCUMENTS:**

**1977** Pre-service training, problems identified; Perske and Smith; Consultant Report (hereafter Perske and Smith).

**1982-1983** Policy Analysis Series #12: *Analysis of Non Formal Training for Personnel Working in the Field of Developmental Disabilities in Minnesota 1981-1982, the DD Council* (hereafter PAS #12).

**1982-1983** Policy Analysis Series #13: *A Survey of Formal Training Programs in Developmental Disabilities in Post-Secondary Schools in Minnesota and Adjacent States;* the DD Council (hereafter PAS #13).

**July, 1986** Review of Programs at Cambridge, Brainerd and Moose Lake Regional Treatment Centers, *Powell and Rainforth*, Consultant Report (hereafter Powell and Rainforth Report).

**December, 1986** Report issued by the Court Monitor appointed under the Welsch Consent Decree (hereafter Court Monitor Report).

**1987** *Education and Training Initiative*, collaborative effort of the DD Council and the Institute on Community Integration, University of Minnesota (hereafter Education and Training Initiative).

**November, 1987** Workplan developed by the Office of the Court Monitor (hereafter Court Monitor Workplan).

**October, 1989** *Final Report and Recommendations of the Education and Training Initiative*, the DD Council (hereafter Final Report and Recommendations).

**1989** *Needs Assessment Survey*, Minnesota Department of Education , Office of Special Education (hereafter Needs Assessment Survey).

**August , 1990** *Training Initiative* , developed by the DD Council: established minimum characteristics and core components of a statewide, state-of-the-art training system (hereafter Training Initiative).

**September, 1990** Resolution on Training, Arc Minnesota (hereafter Arc Minnesota Training Resolution).

**SUPPORTING DOCUMENTS:**

**1982-1985** Problem Areas regarding training identified by the DD Council; workshop programs designed and conducted to meet immediate training needs (hereafter Problem Areas Regarding Training).

**July, 1986** Powell and Rainforth Report.

**August, 1990** Training Initiative.

responsiveness to regional needs, accessibility to direct care providers, relatively free of red tape, track record for training delivery, able to assume these responsibilities without diluting its existing mission, and realistically administer direct care provider training.

**PROBLEM AREA:**

**There is a need to secure adequate funding to sustain a delivery system.**

## RECOMMENDATIONS:

1. Resources should be moved from more expensive, more restrictive, segregated services to home and community-based services.
2. A "training voucher system" should be established where the voucher follows the person with developmental disabilities and the value of the voucher is tied to meeting the individual needs.
3. Funding should be available to develop and field test curriculum and new approaches to training delivery.
4. If federal dollars are available for training and if a state match is allowed, then the state should match those federal dollars.
5. Training for direct care providers must become a priority and funding must be allocated to assure such training. Funding should be weighted based on the needs of the person with disabilities, gaps in the system, and encouragement of new initiatives. However, importantly, such funding must be in addition to funding for direct care services.
6. As a general policy, training dollars must be available as new services are developed.

**SUPPORTING DOCUMENTS:**

**September, 1980** *Welsch Consent Decree:* training areas to be emphasized during in-service programs as a settlement term (hereafter *Welsch Consent Decree).*

**1982-1983** Policy Analysis Series #14: *Training Needs as Perceived by Residential and Day Program Administrators and Staff* , the DD Council.

**1982-1985** Problem Areas Regarding Training.

**1987** Education and Training Initiative.

**1988-1989** Rules that set minimum training standards for waivered services and community residential programs adopted by the Department of Human Services.

**PROBLEM AREA:**

**There is a need to develop curriculum and training materials that emphasize skills and are competency-based.**

## RECOMMENDATIONS:

1. In curriculum planning, tailor training to the audience and make no assumption that basic skills exist.
2. Training materials must be accessible and understandable for trainers and training participants.
3. A mechanism must be developed to assure that curricula are regularly identified, updated, reviewed, evaluated, and accessible.
4. Training (including curricula, materials, design, delivery and instructional methodology) will be consistent with the values described in the Guiding Principles adopted by the Task Force.

These values are: age appropriate curricula; opportunity for promoting the interdependence of the individual; supports integration/inclusion; is community referenced; promotes family participation; includes the individual rights of all; supports non-intrusive, natural interventions; provides opportunities to build and support relationships; promotes quality in a person's life; encourages productivity and individual contribution; promotes dignity, respect, health, safety and freedom from harm for an individual; supports or relates to all natural settings in which services are provided (work, recreation, leisure, home, school, community); and content that clearly relates the values that underlie a specific topic.

**PROBLEM AREA:**

**There is a need to effectively disseminate training and education materials and resources.**

## RECOMMENDATIONS:

1. The focus of training should be broadened and make accessible to existing generic community resources such as families, home health care agencies, senior programs, special education programs, scouting programs, ancillary or paraprofessional staff.
2. All training programs shall be accessible to anyone interested in attending subject to such practical considerations as space availability and administrative constraints.
3. Competency-based training should be regularly available and include on-going support, and reflect the changing needs, growth and development of persons with developmental disabilities.
4. Training should include on-site demonstration of skills learned, and on-going technical assistance should be available.

**SUPPORTING DOCUMENTS:**

**1974** *Community Alternatives and Institutional Reform* (CAIR) Report, DD Council (hereafter CAIR Report).

**1982-1985** Problem Areas Regarding Training.

**February, 1986** Deinstitutionalization of Mentally Retarded People, Legislative Audit Commission (hereafter LAC Report).

**1986** Professional and Support Staff Development Resolution, Minnesota State Board of Education.

**July, 1986** Powell and Rainforth Report.

**December, 1986** Court Monitor Report.

**1986** *A Review and Evaluation of Interventions Implemented by Fairbault State Hospital for Selected Class Members in* Welsch v. Levine Anne A. Donnellan.

**1987** Education and Training Initiative.

**1989** Needs Assessment Survey.

**August , 1990** Training Initiative.

**September, 1990** Arc Minnesota Training Resolution.

**SUPPORTING DOCUMENTS:**

**1974** CAIR Report.

**1978-1981** State Developmental Disabilities Councils required to take responsibility for staff training activities related to the assessment of paraprofessional and professional skills under the 1978 Developmental Disabilities Reauthorization Act.

**1982-1983** PAS #13.

**1982-1985** Problem Areas Regarding Training.

**February, 1986** *LAC Report.*

**July, 1986** Powell and Rainforth Report.

**December, 1986** Court Monitor Report.

**1987** Education and Training Initiative.

**November, 1987** Court Monitor Work Plan.

**August ,1990** Training Initiative.

**September, 1990** Arc Minnesota Training Resolution.

**September, 1991** *Evaluation of Training for Direct Care Staff,* Nelson and Watts, PRISM, Inc.

**PROBLEM AREA:**

**There is a need to develop a process to evaluate education and training materials that is value- and outcome-based.**

## RECOMMENDATIONS:

1. Establish a process for ongoing review of curriculum.
2. Share information about successful training approaches through dissemination.
3. Build in a component to evaluate the impact of training on the quality of services, with evaluation to include at least the person receiving services and families or legal representatives.

**SUPPORTING DOCUMENTS:**

**1978-1980** National survey of residential programs that provide services to persons with developmental disabilities conducted by the University of Minnesota. Staff recruitment, retention, and training identified as pervasive problems.

**1982-1983** PAS #12.

**July, 1986** Powell and Rainforth Report.

**1987** Education and Training Initiative.

**1989** *Study of Wages, Benefits and Turnover in Minnesota Direct Care Facilities Serving Persons with Developmental Disabilities,* Department of Employee Relations and Department of Human Services.

**1989** Needs Assessment Survey.

**August , 1990** Training Initiative.

**September, 1990** Arc Minnesota Training Resolution.

**PROBLEM AREA:**

**There is a need to include incentives that will address low wage, high turnover, and staff retention problems.**

## RECOMMENDATIONS:

1. Identify and remove disincentives for training from existing rules and replace with incentives to encourage training.
2. No certification should be required but training should provide flexible accreditation and promote a career ladder for direct care staff.
3. Identify barriers and incentives for those who would receive training and those who would provide training, and then remove barriers and build in incentives.

# Accomplishments

## AND CURRENT STATUS IN MINNESOTA

### ▼ State Technical College Advisory Task Force

The Technical College State Task Force was established in November, 1991. Its membership was appointed according to the guidelines set out in Chapter 276, Section 1., Subd. 2., 1991 Minnesota Laws.

Task Force meetings were held between December 1991 and December 1992. At the first meeting, members identified their individual priorities and collectively agreed that the following areas of greatest need would be addressed in the ensuing months:

1. **Interagency collaboration;**
2. **Funding and incentives;**
3. **Curriculum and training topics;**
4. **Establishment of a quality delivery system.**

A Vision, Mission, and Guiding Principles, set out in Appendix F, were adopted by the Task Force as the foundation for a statewide training system, and served as an operating framework and focus for discussing, debating, and resolving issues, and reaching a final set of recommendations. A Long Term Strategy was also developed and goals were identified. Specific issues were referred to three sub-committees for concentrated work and detailed discussion purposes.

### The essential components of a competency-based program were identified:

1. Participant performance outcomes are stated clearly.
2. Instructional goals and objectives are identified and relate to participant performance outcomes.
3. Education addresses participant awareness, attitude, knowledge and skill.
4. Effective evaluation measures a competency in appropriate settings (e.g.,classroom, work site, home, school, other) and identifies methods of evaluation which ensure observable skill acquisition.
5. Methods of evaluating awareness, knowledge, and attitude can include articulation but must include demonstration of ability to apply this information to duties. Performance is best measured in the setting in which those duties will occur(or in a setting/group of settings in which the duties are most likely to occur).
6. Competencies can be sequential and build upon previous education, e.g. pre-service, job orientation, in-service, continuing education.
7. Multi-modal, e.g., classroom, field experience, multi-media, interactive learning afford opportunities for diverse learners to acquire new skills, awareness, attitudes, and knowledge.
8. Evaluation of a skill acquisition is best measured by offering actual work experience with persons with disabilities under appropriate supervision.

### SUB-COMMITTEE RESPONSIBILITIES AND COMPLETED TASKS:

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The Legislative Sub-committee was established to raise the awareness level of legislators with respect to training, to investigate funding possibilities, and to make recommendations regarding alternative funding sources for training. A legislative resolution was drafted, supported by the Task Force and submitted to Chancellor Carole Johnson, Minnesota Technical College System. That initial request was in an amount up to $300,000 to be allocated to the State Board of Technical Colleges to begin implementing some of the recommendations contained in this report. A subsequent request was made and submitted to the State Board in early September for consideration on its 1993 legislative agenda.

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The State Agency Sub-committee assumed responsibility for analyzing current training requirements within the Departments of Human Services, Health, Jobs and Training, and Education, and current appropriations for training purposes. Duplication of effort and opportunities for cooperation were to be identified, and gaps in existing training were to be measured against the Guiding Principles adopted by the Task Force. It was reported that the Department of Human Services has developed a directory of mandatory training and a guide for evaluating staff training relative to the SOCS (State-Operated Community Services) program.

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The Criteria Sub-committee defined the term "competency" as the demonstration of awareness, attitudes, knowledge, and skills necessary to assist individuals with disabilities on a day-to-day basis. An individual educated through a competency-based model is able to meet the needs of children and adults. This individual demonstrates knowledge, skills, and attitudes which enhance physical, social, emotional, intellectual and vocational growth. The individual operates from a state-of-the-art philosophy regarding people with disabilities.

9. Education can be acquired in a variety of settings such as technical schools, colleges, work place, home, etc.
10. Education offers the potential for retention of skills and periodic evaluation to maintain skills over time.

Criteria were developed to determine whether materials that are used for direct care staff are competency-based. These criteria address the following areas (each approved by the Task Force):

1. **State-of-the-art curriculum;**
2. **Adult-based learning;**
3. **Curriculum review/endorsement;**
4. **Principles of self-determination (for individuals with disabilities and their families);**
5. **Career development;**
6. **Value-based training;**
7. **Evaluation.**

The criteria were applied to three existing training modules to determine their effectiveness, to identify strengths and weaknesses, and to suggest changes, modifications or additions that would improve or enhance their usefulness as an assessment tool. They were considered "highly useful" and the format for applying each criterion was found easy to follow. The format and results of this process are included in Appendix B.

Minutes of Task Force meetings and Subcommittee meetings are available through Brainerd Staples Technical College, Staples, MN.

### ▼ Local Delivery of Education and Training Requirements

The technical and community college campuses and the Regional Treatment Centers are available resources for local training delivery. This existing network is not being fully utilized to meet the on-going training needs of direct care providers and families. Training and education opportunities are being provided through this network, but few course offerings would meet the specified subject areas under Department of Human Services (DHS) rules. Relevant coursework at one location is not available at all locations and a coordinated approach to disseminating training information is absent.

A comparison was made between training subjects required under DHS rules and coursework available for staff development purposes as published in the DHS "Professional Development and Training Directory," for January - March, 1992 and July-September 1992 the Brainerd Staples Technical College Fall Schedule of continuing education programs:

- Between January and March 1992, a total of 258 classes were offered at 14 locations; 77 classes were identified for human service providers, direct care staff, or "DD workers;" of those 77

classes, only 19-20 (26%) would probably meet training requirements;

- Between July and September 1992, a total of 160 classes were offered at 10 locations; 46 classes were identified for human service providers, direct care staff, "DD workers;" of those 46 classes, 22-23 (50%) would probably meet training requirements;
- Between September and December, 1992, 12 continuing education programs were offered at 11 locations; 20 of the 25 topic areas covered (80%) would probably meet training requirements.

These gaps are costly. A fragmented approach results in inequitable access, duplication of effort and duplication of cost. Given the present environment, community service providers must independently fill these gaps in order to meet compliance. These separate efforts are absorbing service dollars and jeopardizing the quality of community programs and services. Enforcement in such an environment would be difficult. Consequently, it would be difficult to assure that the needs of persons with developmental disabilities are being met or that the training needs of direct care staff are adequately being addressed.

DHS Rule 34 and Rule 42 specify the subjects that must be addressed during staff orientation and those subjects that meet annual in-service training requirements. These rules highlight training topic areas and are included in Appendix C.

## ▼ Current Grants and Projects

In February, 1992, the Bush Foundation awarded a two year grant to the Minnesota Association of Rehabilitation Facilities (MARF) and the Minnesota Developmental Achievement Center Association (MnDACA), in collaboration with Brainerd Staples Technical College and the DD Council. The purpose of this grant is to begin implementation of a statewide training system for direct care staff. As part of this effort, meetings with focus groups were held and surveys were conducted to better identify current statewide training needs.

The Minnesota Department of Education is currently heading a paraprofessional task force of representatives of higher education, state agencies, union and professional associations. Activities to date include: a Statewide Paraprofessional Conference; paraprofessional training grants to school districts that jointly plan and implement training with other organizations similar to those on task force; development and dissemination of a statewide newsletter for paraprofessionals; and development of the *Minnesota Paraprofessional Resources Manual.*

**TRAINING MODULES WILL BE DEVELOPED IN THE FOLLOWING TOPIC AREAS DURING YEAR ONE:**

- PROVIDING INTEGRATED SERVICES TO PERSONS WITH A DUAL DIAGNOSIS OF DEVELOPMENTAL DISABILITIES AND MENTAL HEALTH DISABILITIES;
- SERVING PERSONS WITH COMPLEX MEDICAL NEEDS;
- PROVIDING INTEGRATED SERVICES FOR AGING PERSONS WITH DEVELOPMENTAL DISABILITIES;
- VOCATIONAL REHABILITATION SERVICES FOR PERSONS WITH TRAUMATIC BRAIN INJURY;
- VOCATIONAL REHABILITATION SERVICES WITH SERIOUS AND PERSISTENT MENTAL HEALTH DISABILITIES;
- DEVELOPING SELF ADVOCACY SKILLS IN THE PERSONS BEING SERVED.

**IN YEAR TWO, TRAINING MODULES WILL BE DEVELOPED IN:**

- COMMUNITY INTEGRATED EMPLOYMENT FOR PERSONS WITH DISABILITIES;
- DEPARTMENT OF LABOR STANDARDS AND EMPLOYER INCENTIVES;
- SEXUAL DEVELOPMENT AND ACTIVITY IN PEOPLE WITH DEVELOPMENTAL DISABILITIES;
- TRANSITION FROM SCHOOL TO WORK;
- ARGUMENTATIVE COMMUNICATION TECHNIQUES FOR PERSONS WITH DISABILITIES.

The Institute on Community Integration, in collaboration with Hutchinson Technical College, the Minnesota Department of Education and the Minnesota State Board of Technical Colleges, has received funding from the United States Department of Education, Office of Special Education and Rehabilitation Services. The purpose of this grant is to identify necessary skills and competencies for special education paraprofessionals to effectively provide services to children and youth with disabilities in education and employment settings.

The Minnesota Department of Human Services has developed curriculum for staff of state-operated community services (SOCS) which is being disseminated statewide through train-the-trainer sessions and has also been made available to public and private community service providers. Topics include Overview of Developmental Disabilities, Community Integration and Normalization, Vulnerable Adult Act, Resident Rights, Data Practices, Active Treatment and Programming, Documentation, Epilepsy and Seizure Control, Control of Infection and Communicable Disease, Signs and Symptoms of Illness, Nutrition and Dietary Services, Oral Hygiene and Dental Care, and Personnel Practices The technical college system is also considering this curriculum as preparatory material for persons interested in careers in the human services field related to developmental disabilities. As well as updating and maintaining the curriculum, additional topics that will be developed are in the areas of Behavior Management, Vocational Services, Supported Employment and CPR/First Aid.

## STATE AGENCY DATA

Data was collected from each of the four state agencies that were represented on the Task Force and that are directly or indirectly involved with direct care staff training. Problems related to gathering this information, detailed explanations and additional data are included in Appendix C.

▼ **The state agency data contained in this section are reasonably accurate estimates of the most recent figures available with qualifiers where necessary.**

| State Agency | Number of Direct Care Providers | Number of Persons with Developmental Disabilities | Training Dollars Allocated/Expended |
|---|---|---|---|
| **Department of Education** | 3811<br>*Program or Pupil Support Assistant (Special Education Job Title)[1] | 80,432 children, ages 3-21.[2] | $804,320<br>School year 1992-93 entitlement[2] |
| **Department of Health** | 45,000<br>Registry of Nurse Aides[3] | Unknown | None[4] |
| **Department of Jobs and Training** | Day Training and Habilitation Programs | DRS extended employment funding for these programs was phased out in 1991-92; Data is included under the Dept. of Human Services. | |
| | 4<br>Division of Rehabilitation Services (DRS)[5] | Unknown | $4238 expended during Federal Fiscal Year 1991[6] |
| | Unknown<br>Rehabilitation Facilities | 4,780 persons served by 25 providers in facility-based employment[7] | Unknown |
| | | 3200 persons served by 32 supported employment programs[7] | Unknown |
| **Department of Human Services** | 375<br>Semi-independent Living Services (SILS) | 1374[8] | Unknown |
| | 1700<br>Day Training and Habilitation Programs[8] | 6807[8] | Unknown |
| | 2000<br>Home Community Based Wavered Services and Foster Care[8] | 2505[8] | Unknown |

| State Agency | Number of Direct Care Providers | Number of Persons with Developmental Disabilities | Training Dollars Allocated/Expended. |
|---|---|---|---|
| | 3000 Intermediate Care Facilities ICFs/MR)[8] | 4131 persons served in 310 ICFs/MR during Calendar Year 1991 [9] | *$546,839 expended in Calendar Year 1991. [9] |
| | 641 Family Support [10] | Unknown | Unknown |
| | 156 State-Operated Community Services (SOCS);[11] | 70 persons served in 10 ICFs/MR and 3 Day Training and Habilitation Programs; July 31, 1991 to October 5, 1992[11] | $39,000 expended; July 31, 1991 to October 5, 1992.[11] |
| | 986 Regional Treatment Centers | Unknown | $146,078 allocated for both RTCs and SOCS training, State Fiscal Year 1993. [12] |

1 Minnesota Department of Education, Special Education Section (School Year 1990-91). The majority of direct care staff who provide services to children with developmental disabilities work in special education. For the same reporting year 1526 Teacher Aides in Chapter I programs, and 119 Technical Tutors in Secondary Vocational Education were employed as direct care.

2 Based on the December 1, 1991 unduplicated child court, the school year 1992-93 entitlement is figured at $10/child; according to a federal formula the state is not required to match these Federal dollars. Minnesota Department of Education, Special Education Section.

3 Minnesota Department of Health, Health Resources Division (August 1992).

4 The Department of Health does not directly fund programs or services provided by direct care staff, nor provide training.

5 Direct Care, paraprofessional, positions within DRS; Minnesota Department of Jobs and Training, Division of Rehabilitation Services (July 12, 1992 staff compliment).

6 Total training budget was $77,000; $70,000 federal funds and $7,000 state funds, Minnesota Department of Jobs and Training, Division of Rehabilitation Services (Federal Fiscal Year 1991).

7 Minnesota Governor's Planning Council on Developmental Disabilities, Three Year Plan, October 1, 1991 to September 30, 1994.

8 Minnesota Department of Human Services, Program Support Services (July 28, 1992)

9 Minnesota Department of Humans Services, Audit Division (October, 1992)

10 Grants are provided directly to families who have a son or daughter with a developmental disability living at home. Grants can be used to hire direct care staff to provide support and assistance. Minnesota Department of Human Services, Program Support Services (October 16, 1992).
MN Dept. H.S. Monthly Report, Residential Services Division.

11 Number of direct care providers excludes "intermittent" staff who are available on an on-call basis. Minnesota Department of Human Services, Regional Treatment Center Implementation Project, Fiscal Management (October, 1992);
D.H.S. Residential Services Divison Monthly Report )October, 1992)

12 Minnesota Department of Human Services, Program Support Services (October 16, 1992).
Minnesota Department of Human Services, Program Support Services Monthly Report (October, 1992)

## ▼ DEVELOPMENTAL DISABILITIES TOWN MEETINGS

Between July 13 and September 9, 1992, town meetings were held in Crookston, Fergus Falls, St. Cloud, Brainerd, Willmar, Bemidji, Hibbing, Duluth, Metro/St. Paul, Mankato, Slayton, and Rochester, Minnesota. Approximately 1000 persons attended these meetings, including parents, consumers, service providers, and legislators. Testimony was presented regarding personal experiences with successful programs and services for persons with developmental disabilities. The concentration of resources within the metropolitan area, the inability of delivery systems to respond to service needs in a consistent and timely manner, the lack of coordination and cooperation between and within agencies, and geographical funding disparities were identified as problem areas that must be addressed.

Staff training and staff retention problems were mentioned at nearly half of the meetings. The lack of funding for pre-service training, inequitable access to education and training opportunities and technical assistance, low wages, and high staff turnover rates were viewed as reducing the quality, effectiveness and consistency of community services for persons with developmental disabilities. At the same time, supported employment programs, waivered services, semi-independent living services (SILS) and community programs in general were regarded as cost-effective, productive and viable options.

Major themes that were expressed by Minnesota citizens at these town meetings and a toll-free, call-in day are included in Appendix D.

▼

*Minnesotans Speak Out! A Summary of Town Meetings Held Throughout Minnesota on Developmental Disabilities Issues, November, 1992* is available upon request from the Minnesota Governor's Planning Council on Developmental Disabilities.

**GENERAL FRUSTRATIONS WERE EXPRESSED IN THE FOLLOWING AREAS:**

- QUALITY PROGRAMS AND SERVICES THAT PRODUCE MEANINGFUL OUTCOMES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES DO EXIST BUT ARE BEING STRESSED TO THE BREAKING POINT.
- THE LABELING AND CATEGORIZING OF INDIVIDUALS CONTINUES TO SIGNIFICANTLY INFLUENCE AND CONTROL THE FLOW OF FUNDS AND AVAILABILITY OF SERVICES. INDIVIDUALIZATION SEEMS TO BE AN AFTER THOUGHT.
- FUNDING MECHANISMS AND FUNDING STREAMS INTERFERE WITH, JEOPARDIZE, OR PREVENT REASONABLE AND NECESSARY ACCESS TO APPROPRIATE AND COST-EFFECTIVE SERVICES.
- CHOICES AND OPTIONS ARE MORE THEORETICAL THAN REAL. IN TOO MANY INSTANCES, SERVICES ARE ABOUT AS ATTAINABLE AS THE PROVERBIAL "POT OF GOLD AT THE END OF THE RAINBOW."
- PARENTS AND COMMUNITY SERVICE STAFF ARE OVERBURDENED, OVERWHELMED AND OVER-GOVERNED BY OVER-CLASSIFICATION AND OVER-REGULATION.
- PAPER DOCUMENTATION AND PAPER TRAILS SEEM TO BE MORE HIGHLY REGARDED AND VALUED THAN THE INDIVIDUAL NEEDS OF PERSONS WITH DEVELOPMENTAL DISABILITIES.
- DELIVERY SYSTEMS ARE SO LARGE AND SO COMPLEX THAT THEY SEEM UNABLE TO FUNCTION AND COMMUNICATE AT BASIC LEVELS.

## *Systematic Approach to Training*

Training must become a priority and funds must be allocated to assure such training. Minnesota needs to invest in a statewide, state-of-the-art training system for direct care providers and families. The recommendations of the State Technical College Task Force are responsive to pressing needs that have prevailed in our state for almost two decades and have consistently hampered the implementation of an efficient, cost-effective quality training delivery system.

Agency cooperation, coordination and collaboration are crucial to implementation efforts. Dollars that are allocated and expended for training and continuing education programs must be accounted for and must reach all direct care providers, including families, in all communities where programs and services are provided for persons with developmental disabilities. Local delivery of training opportunities and dissemination of current training materials and resources will assure equal access and contain costs by reducing travel and replacement staff expenses for direct care providers. Technical and Community College campuses and Regional Treatment Centers are physically in place and geographically dispersed throughout the state. This existing network should be fully utilized to deliver training and continuing education programs and provide technical assistance on an on-going basis.

Minnesotans who testified during a series of town meetings this past summer gave high grades to community programs which produce meaningful outcomes for persons with developmental disabilities and have proven to be viable and cost-effective. They also expressed serious concerns about the future of these services. Funding levels are grossly inadequate to maintain quality programs, and perpetuate the low wage and high turnover rates of direct care staff. These personnel issues and the lack of funds for training and continuing education programs have a significant negative impact on the quality of care, effectiveness, and cost of community services. Unless these issues are addressed, both community programs and persons with developmental disabilities are at risk and both are destined to lose.

**THE OMBUDSMAN OFFICE FOR MENTAL HEALTH AND MENTAL RETARDATION IS AWARE OF THESE PROBLEMS AND HAS STATED:**

> TRAINING ISSUES MAY LIE HIDDEN IN THE INCIDENTS OF CLIENT INJURY AND DEATHS THAT ARE REFERRED TO THAT OFFICE FOR INVESTIGATION. HOWEVER, IN ORDER TO ESTABLISH OR TO EVEN SUGGEST THAT A CONNECTION OR RELATIONSHIP MAY EXIST BETWEEN ANY GIVEN INCIDENT AND THE USE OF QUESTIONABLE TRAINING PRACTICES BY STAFF WOULD REQUIRE INVESTIGATION.

The Task Force recognizes that value-based training and education for direct care providers and families is related to the success and quality of programs and services for persons with developmental disabilities. The criteria for competency-based training, as developed and approved by the Task Force, is a mechanism for evaluating education and training materials according to a consistent process that emphasizes values. These values, which are described in the Guiding Principles, promote human dignity and respect, self-determination and the independence of persons with developmental disabilities. The criteria also incorporate a career ladder approach to encourage professional growth and development so that long-standing personnel cases can be addressed.

**A SYSTEMATIC APPROACH TO THE TRAINING AND CONTINUING EDUCATION OF DIRECT CARE PROVIDERS AND FAMILIES CAN BEST RESPOND TO THE CHANGING NEEDS OF PERSONS WITH DEVELOPMENTAL DISABILITIES. FUNDS MUST BE EARMARKED FOR TRAINING AND, TO THE EXTENT POSSIBLE, POOLED OR AGGREGATED SO THAT TRAINING CAN BE TAILORED TO MEET INDIVIDUAL NEEDS AND DOLLARS CAN BE MAXIMIZED. AGENCY COORDINATION AND COLLABORATION NOW NEED LEGISLATIVE DIRECTION SO THAT IMPLEMENTATION EFFORTS CAN BEGIN.**

## Appendices


▼ CHRONOLOGICAL HISTORY

▼ CRITERIA FOR COMPETENCY BASED TRAINING FORMAT

▼ STATE AGENCY DATA

▼ DEVELOPMENTAL DISABILITIES TOWN MEETINGS: THEMES

▼ EFFORTS IN OTHER STATES

▼ REFERENCES

▼ ACKNOWLEDGEMENTS


## ▼ CHRONOLOGICAL HISTORY: 1974 - 1991

■ **1974** The DD Council published the Community Alternatives and Institutional Reform (CAIR) Report.

### RECOMMENDATIONS:

1. Develop ongoing inventory of instructional programs;
2. Train on educational strategies to promote development in all behavioral areas;
3. Staff must have demonstrated competence in educational and behavioral programming, data collection and analysis, and design and implementation of individualized program plans."

■ **1977** Perske and Smith, consultants, identified pre-service training problems in Minnesota .

### FINDINGS/CONCLUSIONS:

1. The supply of competent, skilled professionals is not adequate to meet the demand and need for quality services to ensure that persons with developmental disabilities have the opportunity to reach their full potential;
2. Systematic procedures are lacking and institutions of higher education are only beginning to address the "supply" element.

■ **1978-1980** The University of Minnesota received a grant from the U.S. Department of Health, Education and Welfare to conduct a national survey of residential programs that provide services to persons with developmental disabilities.

### PURPOSE:

Gather detailed information on characteristics and trends of public and community residential facilities, and persons who reside in those facilities; and provide to state and federal policymakers in order to improve planning, management and evaluation of residential and community services. Staffing issues were among the factors identified in structured interviews and analyzed to determine how they contributed to a person's adjustment process in a new community environment.

### FINDINGS/CONCLUSIONS:

1. The most pervasive problems in community residential facilities are the recruitment, retention, and training of staff;
2. Staff turnover rates are extremely high and costly. The 1978 cost of replacing staff in an institution ranged from $1500 to $3000; in a community setting, the replacement cost ranged from $200 to $500.

■ **September, 1980** The Welsch Consent Decree was issued by the U.S. District Court, District of Minnesota. Settlement terms included addressing the issue of in-service staff training,and that such training **shall** emphasize physical disabilities, behavior management and communications skills.

■ **1978 - 1981** The DD Council convened a statewide conference to describe staff competencies, and prepared a work plan to comply with requirements under the 1978 Developmental Disabilities Reauthorization Act. The Act directed the State Developmental Disabilities Councils to take responsibility for staff training activities that related to the assessment of paraprofessional and professional skills.

## OUTCOME:

The DD Council conducted three studies and published three papers in its Policy Analysis Series (PAS) on pre-service training, in-service training and a training needs assessment.

■ **1982 - 1983** The DD Council published PAS#12: "*Analysis of Non-Formal Training for Personnel Working in the Field of Developmental Disabilities in Minnesota 1981-1982.*"

## FINDINGS/CONCLUSIONS:

1. Non-formal training activities are costly and generate few tangible outcomes because they're not designed to meet individual needs, or are not connected to job performance, and usually don't provide continuing education credits;
2. Coordination and collaboration are needed to effectively share information about training materials and methods, and to gain inter-agency cooperation.

■ **1982 - 1983** The DD Council published PAS#13: "*A Survey of Formal Training Programs in Developmental Disabilities in Post-Secondary Schools in Minnesota and Adjacent States.*"

## RECOMMENDATIONS:

1. Resources available at post-secondary facilities should be maximized;
2. Pre-service training materials and coursework must be age appropriate and reflect the needs of persons with severe and profound disabilities.

■ **1982 - 1983** The DD Council published PAS#14: *"Training Needs as Perceived by Residential and Day Program Administrators and Staff."*

## OUTCOMES:

1. Direct care staff identified the highest need areas in which training materials should be developed;
2. Of 29 topics listed, the top 10 were: preventing severe behavior problems; designing and developing behavior management programs; current information regarding disabilities; handling client self-abuse; available resources/services for persons with developmental disabilities; handling severe behavior problems, and community acceptance; alternative communication methods; improving team relationships and legal rights; medication and side effects, and implementing behavior management programs; using curriculum/training materials.

■ **1982 - 1985** The DD Council received a grant from the McKnight Foundation.

## PURPOSE:

Develop and provide training to both administrators and direct care staff to address some of the recommendations contained in PAS#12, #13, and #14; and respond to three major problem areas identified in national studies and reports regarding training needs and direct care staff turnover rates in residential programs.

## PROGRAM AREAS:

1. There is a need to develop materials and curriculum that reflect a state-of- the-art approach;
2. There is a need for a statewide training delivery system;
3. There is a need to effectively disseminate high quality education and training materials, and to meaningfully evaluate materials and training activities on an on-going basis.

## OUTCOMES:

1. Forty-six in-service workshops were held for administrators; eight different topics were addressed; a total of 1815 people attended;
2. Thirty-eight in-service workshops were held for direct care staff; two different topics were addressed; a total of 1110 people attended;
3. Programs were designed to meet an immediate need. Funding was not available to implement a statewide training system so that these programs could be continued.

■ **February, 1986** The Legislative Audit Commission issued a report entitled "Deinstitutionalization of Mentally Retarded People

## RECOMMENDATIONS:

Direct care staff need more direction, training and motivation to ensure that they are adequately trained, particularly in the areas of behavior management.

■ **1986** The Minnesota State Board of Education adopted a Professional and Support Staff Development Resolution that directed the Commissioner of Education to assist local school districts in the implementation of a statewide program that would begin with teacher recruitment and preservice training and continue through the relicensure process.

Introductory statements to this Resolution referred to the need to enhance the effectiveness of the K-12 education system through improved professional and support staff development programs, that such programs should be established as a high priority by the Department of Education and Minnesota school districts, and that the ultimate goal is improved learning for students within a cost effective system.

■ **July, 1986** Thomas H. Powell, Ed.D. and Beverly Rainforth, Ph.D., Consultants to the Court Monitor appointed under the Welsch Consent Decree, issued a report based on a review of Cambridge, Brainerd, and Moose Lake Regional Treatment Center Programs.

## FINDINGS/CONCLUSIONS:

1. The absence of regular in-service training requirements and the lack of a strong relationship between the state institution system and Minnesota colleges and universities results in weaknesses in teaching tactics and curriculum, and creates problems in implementing state-of-the-art habilitation programs;
2. The majority of training experiences fail to focus on program philosophy, values, teaching technology, curriculum, and data collection and analysis; and don't prepare staff to work with persons with the most severe disabilities.

## RECOMMENDATIONS:

1. Staff must be adequately prepared in the above identified areas, in addition to behavior management, positioning, handling and feeding, orientation, CPR, and others;
2. Staff must be encouraged to pursue educational experiences in order to secure proper credentials. Institutions must support this activity through funding and sabbaticals, and provide incentives to complete this training and education;

3. There should be a direct relationship between the evaluation of staff competencies and training opportunities;
4. Formal relationships between institutions of higher education and regional treatment centers should be established and supported;
5. Libraries should be established or strengthened.

■ **December, 1986** The Court Monitor issued a report regarding the status of staff training recommendations that had been made since 1982.

## FINDING/CONCLUSION:

Similar staff training deficiencies have been identified by all outside consultants from 1982 through 1986.

■ **1986** Anne A. Donnellan, Professor, University of Wisconsin, Madison, prepared a report entitled " A Review and Evaluation of Interventions Implemented by Faribault Stat Hospital for Selected Class Members in Welsch v. Levine".

## FINDING/CONCLUSION:

Personnel are not aware of, or not utilizing, generally available information that can facilitate habilitative programs.

## RECOMMENDATION:

"Direct access to the most up-to-date information available through responsive, continuous, direct, service-based, intensive sustained, relevant, and functional in-service training programs."

■ **1987** The DD Council, in cooperation with the Institute on Community Integration, University of Minnesota, developed and funded the Education and Training Initiative which emphasized case management.

## PURPOSE:

Prepare and disseminate, on a statewide basis, education and training materials designed to improve the minimum competencies of direct care staff. The scope of this initiative was limited to the planning, coordination, and development work necessary in order to provide a statewide, systematic, and comprehensive training system. The actual delivery of training was not covered. The pervasive impact of thirteen major problems in this area were identified, and solutions proposed.

## PROBLEM AREAS:

1. Approximately 15,000 children and adults receive the services of staff who have little or no pre-service training, few skills and little incentive to acquire them, and are paid at the lowest possible wage levels;
2. Approximately 6,000 staff are employed in community facilities, regional treatment centers, vocational, residential, and leisure time programs, but don't use contemporary service practices;
3. Absence of a focal point of responsibility to implement and monitor a statewide training system;
4. Absence of a systemic vehicle to ensure that all individuals who are involved in providing services are also involved in determining training needs and methodologies;
5. Absence of minimal job competencies for staff members;
6. Agency rules that do address training are fragmented; some requirements overlap or are contradictory;
7. The training system is fragmented even though excellent training resources exist in the state;
8. Absence of a statewide, standardized, low cost, value-based training system limits the effective use and coordination of resources in post-secondary institutions;
9. Training materials already exist in other states that could be adapted to best meet our needs and avoid duplication of efforts;
10. Inequitable access to training opportunities and activities results in large providers and urban communities having a greater share of the resource wealth than do small providers in rural or small urban communities;
11. A uniform quality of care can't be ensured because there is no training system, no mechanism to monitor training delivery and skill acquisition, no uniform training requirements, and no clear definition of the state's role and responsibility;
12. Community programs don't have the training resources and staff, or the linkages, that are available in state institution programs;
13. Organized resources to provide training and staff support on effective behaviormanagement of persons with developmental disabilities who present severe emotional and behavior problems are absent. This results in placements that are costly, restrictive, and in segregated settings.

## PROPOSED SOLUTIONS:

1. Prescribe a minimal level of training for all direct care staff to assure a basic understanding of developmental disabilities, strategies for providing services, and how to deal with emergency situations;
2. Require that a second level of coursework be completed within the first six months of employment with a focus on specialization in the area of service delivery and the specialized needs of those persons being served;
3. Require that a prescribed training course be completed on an annual basis for the purpose of keeping staff current on progressive best practices, and knowledgeable of additional resources in the field;
4. Utilize existing higher educational systems in Minnesota for service/training delivery;
5. Evaluate a training system according to criteria that include a value-based ideology; quality of life decisions; maximum use of scarce resources by creating quality and equity in training services and avoiding duplication of effort; use of state-of-the-art information and technological advances in telecommunications to bring training to the local site; use of flexible, functional, and relevant training formats that teach skills, rather than present information, and include supervision in the natural setting; incentives to ensure minimum competency and encourage excellence.

## OUTCOMES:

1. More than fifty key individuals were interviewed to determine the training needs of direct care staff, and identify priority topics for an education and training program. These individuals represented consumers, parents, service providers, state advocates, educators, trade organizations, and staff of the Department of Human Services and Department of Education. Interview results showed unanimous support for the development of statewide education, training and technical assistance resources; the coordination of these resources and services in a centralized entity; and the delivery of training on a local level through post-secondary institutions;
2. Training materials were developed in the areas of technological adaptations, non-adversive approaches to behavior management, individual habilitation plans, severe physical disabilities, and augumentative communication. These modules were reviewed by technical college and community college faculty, consumers, and direct care staff. The five topic areas meet training requirements under Department of Human Services rules for direct care staff who work with persons with developmental disabilities in community residential programs, residential-based habilitation services (waivered services) and day training and habilitation services.

■ **November, 1987** The Office of the Court Monitor developed a work plan which summarized some of the some of the issues that needed to be addressed in each of ten categories, and the manner in which the Office proposed to address those issues in order to satisfy its duties under the Welsch Settlement. Recruitment, training, and personnel development in Regional Treatment Centers and community facilities was the first category identified.

## PROBLEM/NEED:

The capabilities of personnel at all levels should be enhanced in the areas of values, technology, instruction, provision of services, and methods through mandatory/systematic pre-service training, mandatory/systematic in-service training, and continuing education.

## PROPOSED SOLUTIONS:

1. Conduct a general market survey to include advocacy organizations, service providers, and professional groups to gather information on the needs and gaps in areas such as numbers of personnel, training, and orientation;
2. Make recommendations, based on these findings, that encompass state agencies and institutions of higher education so that new programs can be developed, and curriculum or course offering changes can be made.

■ **1988-1989** In October 1988, the Department of Humans Services proposed permanent rules regarding Residential-Based Habilitation Services that are provided under the Title XIX Home and Community-Based Waiver for Persons With Mental Retardation or Related Conditions, Minn. R. 9525.2000-.2140 (Rule 42); and proposed amendments to existing rules that govern the Licensure of Residential Programs for Persons With Mental Retardation or Related Conditions, Minn. R. 9525.0215-.0355 (Rule 34).

## PURPOSE:

1. Establish minimum standards for each of these service areas, including specific requirements for staff orientation and training, the requisite number of orientation and annual training hours, and orientation and training subjects;
2. Comply with one of the terms of the Welsch Settlement which required that in-service staff training emphasize physical disabilities, behavior management and communication skills.

## OUTCOMES:

1. Both rules were adopted by the Department in April 1989;
2. Training sessions were conducted throughout the State in order to provide information regarding the content of each rule, strategies for implementation, and methods of coordinating county, state and federal requirements.

■ **1988** The Institute on Community Integration, Minnesota University Affiliated Program, in collaboration with the DD Council, received a federal grant from the Administration on Developmental Disabilities, Washington, D.C.

## PURPOSE:

Address the demand for well-trained paraprofessionals who can adequately and appropriately respond to the complex needs of persons with developmental disabilities by:

1. Developing curricula to meet direct care staff training requirements under state agency rules;
2. Establishing a statewide training system through the network of post-secondary institutions;
3. Establishing a central resource and reference library for training materials.

An estimated 12,000-15,000 direct care staff were expected to be directly or indirectly impacted by this project.

**THIS PROPOSAL RECEIVED ENTHUSIASTIC LETTERS OF SUPPORT:**

■ THE DD COUNCIL SUPPORTED THE PROPOSED APPROACH OF ENABLING COMMUNITIES TO MEET THE NEEDS OF THEIR CITIZENS BY PROVIDING TECHNICAL ASSISTANCE, DISSEMINATING INFORMATION AND DEMONSTRATING EXEMPLARY PRACTICES; AND THE OVERALL THEME OF INTEGRATED COMMUNITY LIVING FOR PERSONS WITH DEVELOPMENTAL DISABILITIES.

■ THE DEPARTMENT OF HUMAN SERVICES, DEVELOPMENTAL DISABILITIES DIVISION REFERRED TO DIRECT CARE STAFF TRAINING AS A "CRITICAL AREA AFFECTING THE PRESENT AND FUTURE QUALITY OF [COMMUNITY] SERVICES PROVIDED IN MINNESOTA".

THE DEPARTMENT AGREED TO ASSIST WITH THE COLLECTION AND EVALUATION OF EXISTING TRAINING MATERIALS; THE DEVELOPMENT, EVALUATION, AND FIELD TESTING OF NEW MATERIALS; IDENTIFICATION OF TOPICS THAT WOULD MEET TRAINING REQUIREMENTS UNDER REVISED AGENCY RULES; DEVELOPMENT OF CURRICULUM AND ESTABLISHMENT OF TRAINING PROGRAMS AT COMMUNITY AND TECHNICAL COLLEGES; AND ADDRESSING TRAINING INCENTIVES;

- ARC MINNESOTA IDENTIFIED MATERIALS DEVELOPMENT, LOCAL DELIVERY, AND A RESOURCE LIBRARY FOR THE UTILIZATION AND DISSEMINATION OF EDUCATION AND TRAINING MATERIALS AS NECESSARY COMPONENTS OF A FORMALIZED TRAINING PROGRAM;
- MINNESOTA DEVELOPMENTAL ACHIEVEMENT CENTER ASSOCIATION FULLY SUPPORTED A COMPREHENSIVE AND SYSTEMATIC APPROACH TO EDUCATION AND TRAINING SERVICES IN ORDER TO MEET THE INCREASING NEED FOR STAFF TRAINING THAT "FAR EXCEEDS WHAT IS READILY AVAILABLE;"
- MINNESOTA STATE BOARD OF VOCATIONAL TECHNICAL EDUCATION OFFERED TO COORDINATE EFFORTS WITH THE INSTITUTE ON COMMUNITY INTEGRATION IN THE PLANNING, IMPLEMENTATION, AND EVALUATION OF A COMPREHENSIVE TRAINING PROGRAM THROUGH ITS OFFICE OF CUSTOMIZED TRAINING.

## OUTCOMES:

1. Community and technical colleges were surveyed to determine their capacity to meet training requirements under state agency rules. Survey results indicated that few course offerings would satisfy those requirements;
2. A training initiative was involved at Inver Hills Community College for the purpose of designing a series of courses for direct care staff. Financial support was provided by the College.

■ **January, 1989** The Department of Employee Relations, in cooperation with the Department of Human Services, prepared a report entitled "Study of Wages, Benefits and Turnover in Minnesota Direct Care Facilities Serving Persons With Developmental Disabilities" as called for by the 1988 Minnesota Legislature.

Direct care staff were defined as those staff primarily responsible for implementing individual program plans; supervisors and managers wereincluded in that definition. Data were grouped and analyzed according to four occupational categories: managerial, supervisory, professional, and paraprofessional. Facilities reported 240 different jobs. The ten most commonly used were included in the study; paraprofessionals occupied the majority of those positions. The community facilities studied were those licensed by the Department of Human Services or the counties, and whose programs or services included waivered services, ICFs/MR, day training and habilitation services, and semi-independent living services; and rehabilitation facilities whose services are governed by the Department of Jobs and Training. The time period studied was July 1, 1987 through June 30, 1988.

## PURPOSE:

1. Identify and examine employment-related factors which may affect wages, benefits, and turnover of direct care staff;
2. Compare direct care staffing trends and practices in community facilities with those in state-operated facilities.

## FINDINGS/CONCLUSIONS:

1. Substantial pay differences exist between community and state-operated facilities. The hourly pay for 70% of all paraprofessionals in community facilities was $5.00 to $7.50/hour, the average being $6.35/hour;the hourly pay for 70% of all paraprofessional in state-governed facilities was $10.00 to $12.00/hour, the average being $10.36/hour;
2. Substantial turnover differences exist between paraprofessionals in community facilities, 47.4%; and paraprofessionals in state-governed facilities, 13.9%. For every $1.00 increase in hourly pay for this occupational category, there was a corresponding 8.66% decrease in the

turnover rate. Employer-paid education benefits, and dependent benefits, were also significantly related to lower turnover;
3. During the study period, advertising costs to recruit employees ranged from $1.00 to $9,000. Only one-third of the facilities studied paid overtime to cover shortages due to staff turnover. Those overtime costs ranged from $9.00 to $23,448.00;
4. Standard job-related qualifications exist for jobs in state-operated facilities; no consistent pattern of required job-related qualifications was reported for jobs in community facilities.

■ **October, 1989** The DD Council issued a "Final Report and Recommendations of the Education and Training Initiative". Legislative support was deemed necessary in order to sustain an effective training system for the estimated 12,000 direct care staff who provide services to more than 16,000 persons with developmental disabilities in community settings or state-operated facilities.

## RECOMMENDATIONS:

1. The Department of Human Services should address the need for a statewide, state-of-the-art training system, and assist residential service providers to establish the means to provide education and training opportunities;
2. The institutions of higher education should address the need for education and training delivery in a decentralized approach to assure local access, and offer relevant coursework on a regular basis;
3. The University of Minnesota should have responsibility for ongoing development of education and training materials, and for providing training in a decentralized manner.

■ **1989** Under federal law, each state's Special Education Plan must include a Comprehensive System of Personnel Development (CSPD). 20 U.S.C .§1413 (a) (3). Federal regulations require an annual assessment of preservice and inservice education needs to determine if a sufficient number of qualified personnel are available to carry out specific educational services, and to initiate in-service programs based on those assessed needs. 34 CFR §§ 300.380 -. 387.

In 1989, a joint needs assessment survey was conducted in all eleven regions in Minnesota, rather than each regional program conducting it's own assessment as had been the historical practice. Data collection for this survey was completed in February, 1990. Respondents included special education teachers, K-12 teachers, directors of special education services, superintendents, and support staff including physical and occupational therapists.

## FINDINGS:

1. The greatest training needs were in the following areas:
   a. Strategies for assisting classroom and special education teachers to work together to maximize learning (57%);
   b. Development of technology, media, and classroom materials to assist students with disabilities in the classroom setting (50.1%);
   c. Development of integration techniques in instructional delivery, including the development of a process to evaluate least restrictive environments (50.0%);
   d. Development of cooperative planning and teaching methods (49.5%);
   e. Identification of students with "emotional or behavioral disorders (49.1%);
2. Support staff specifically identified training needs in the areas of transition from school to post-secondary education, employment, and community living (availability of services in the local community, and assistance for student to make these transitions), and parent involvement (developing a team approach to improve conferences);
3. Every group of professionals, regardless of their years of experience or the level of students with whom they worked, rated their greatest training need as strategies for assisting classroom and special education teachers to work together to maximize learning;
4. Training incentives, in order of preference, were payment or waiver of conference/workshop fees/tuition payments, payment for books or materials, academic credit, and travel reimbursements.

■ **August, 1990** The DD Council developed a training initiative that identified the minimum characteristics and core components of a statewide training system for direct care staff. Fifteen technical colleges had signed cooperative agreements with Brainerd Staples Technical College to offer courses, utilizing the five training modules previously developed by the DD Council, on an independent basis, as a supplement to an existing course, or on an extension basis.

## MINIMUM CHARACTERISTICS:

1. Training should be "state-of-the-art," delivered on a local or regional level, provided at low-cost, be credit-based to encourage a career ladder for direct care staff, built into regular course offerings or offered on an extension basis, and comply with state and federal rules;
2. Employees and providers should have training incentives.

## CORE COMPONENTS:

1. Ongoing development of curricula and resource materials in plain English, systematic updating of existing materials, and presentation of materials in varied formats;

2. Ongoing delivery of training in accessible locations through the technical and community college system;
3. Employee incentives that include wage enhancements, career ladder opportunities, and education and training opportunities that are offered at subsidized cost;
4. Provider incentives that include per diem adjustments to cover inservice training costs, and time off for staff to attend training in order to retain staff with greater marketability and more sophisticated skills.

■ **August, 1990** The Task Force on Training Initiatives, Arc Minnesota, developed "The Vision: An 'Ideal' Training System". This "Vision" contained the characteristics and core components of a statewide, state-of-the-art training system, identified by the DD Council; urged the coordination and consolidation of training opportunities and dollars in order to maximize limited resources; emphasized values, quality assurances and equity in training delivery; and recognized the need to evaluate the system and its resources to assure that training is contemporary and reflects the changing needs of individuals and groups.

■ **September, 1990** The Delegate Assembly of Arc Minnesota adopted a Resolution on Training. This Resolution directed the Task Force on Training Initiatives to:
1. Prepare recommendations for direct care staff training that emphasize values, focus on quality outcomes, and promote inclusion for persons with developmental disabilities; and
2. Draft legislation, based on those recommendations, that promotes the creation and development of a statewide training system, available at a local level, and provides incentives for employees and providers.

Introductory statements to the Resolution referred to the absence of competency-based outcomes for completing "training" workshops and conferences, the continuing absence of a consistent systemwide approach to direct care staff training as evidenced by a review of fifteen years of reports and studies, and the identification of training system priorities by representatives of advocacy groups, policymakers, educators, residential and vocational providers, unions and higher education. Those priorities were value-based training, quality outcomes for persons with developmental disabilities, promotion of natural inclusion and the coordination of systemwide training.

■ **1991** Dr. Terry Nelson and Alan Watts, PRISM, Inc., prepared a report entitled "Evaluation of Training for Direct Care Staff".

## PURPOSE:

Determine the effectiveness of four training programs that were introduced by the DD Council in the summer of 1990 for direct care staff who work with persons with developmental disabilities. Coursework was delivered by Brainerd Staples Technical College and covered the topics of Positive Learning: An Alternative to Behavior Management, Developing an Individual Plan, Using Technology to Increase Independence, and Positioning Persons With Severe Disabilities.

## OUTCOMES:

1. Mastery of course content was at a low level given the experience and education levels of participants. However, "reaction" was the evaluation method used to determine program effectiveness and termed the "most challenging" method to measure learning;
2. Many more factors were identified as helpful in applying course concepts compared with factors identified as hindering application;
3. There were limited opportunities to actually use course concepts and techniques.

## RECOMMENDATIONS:

1. Both pre- and post-assessments should be conducted to determine any change in competency as a result of training, and to better focus on areas that will be most relevant;
2. "Mini" evaluations should be conducted throughout courses to test and reinforce key concepts or skills and to allow for adjustments as courses are being taught;
3. Both learner and instructor accountability should be built into training through successful completion of some type of test;
4. Test results should be used by instructors and course sponsors for future course design, delivery, and follow-up;
5. Some instructors could benefit from "train the trainer" or facilitator training to better focus on course content, present materials in a more organized manner, use evaluations for course adjustment purposes, and encourage active participation.

## ▼CRITERIA FOR COMPETENCY BASED TRAINING

The Minnesota State Technical College System was mandated by legislative action June, 1991, to convene a state wide task force to review training opportunities for direct service staff who provide services to persons with developmental disabilities and to submit a written report to designated state agencies and the legislature. A Task Force of (20) persons were named to serve in this effort. The State Technical College System received funding from the Minnesota Governor's Planning Council on Developmental Disabilities to pursue this initiative from October, 1991 through December, 1992.

Training materials have been developed and are being used; however, there is not a consistent process followed in determining the appropriateness of these materials and/or opportunities.

The Task Force adopted Criteria for Competency-Based Training on May 25, 1992. Changes were made as a result of a review process. Upon completion of that action, recommendations to revise the Criteria were adopted by the Task Force on December 17, 1992.

Additional information or assistance is available from Naomi Beachy, Customized Training, Brainerd Staples Technical College, Airport Road, Staples, MN 56479. (218-894-3726)

**NAME:** (name of reviewer, job title/position, place of employment, address, telephone #) _____

**PROGRAM:** (Indicate name of curriculum, author(s), publisher, date) _____

**PROJECTED TIME TO COMPLETE TRAINING PROGRAM** _____

Type of Materials: (textbook, workbook, teaching aids)

_____

Materials designed for:

Orientation _____ Pre-service _____ Inservice _____ Conference_____

Other(indicate) _____

_____

| | YES | NO | DON'T KNOW |
|---|---|---|---|
| **1. State-of-the-Art Curriculum** | | | |
| a) Is it reviewed and updated at least every two years? | ____ | ____ | ____ |
| b) Is the author credible, recognized, and/or up-to-date on the topic? | ____ | ____ | ____ |
| c) Has the training program been piloted/field tested? | ____ | ____ | ____ |
| d) Does it comply with the Technical College Vogler Performance Based System? (This refers to the system that Minnesota State Technical Colleges use in determining the feasibility of college credits). | ____ | ____ | ____ |
| e) Are the references recent and/or relevant within the last 2-5 years? | ____ | ____ | ____ |
| **2. Adult-Based Learning** | | | |
| a) Are there measurable learner objectives? | ____ | ____ | ____ |
| b) Are there measurable instructional objectives? | ____ | ____ | ____ |
| c) Are the materials culturally sensitive and relevant? | ____ | ____ | ____ |
| d) Are the materials disability sensitive and relevant? | ____ | ____ | ____ |
| e) Does it allow for recognition of participant's experiences? | ____ | ____ | ____ |
| f) Does it vary instructional techniques? | ____ | ____ | ____ |
| g) Does it allow for differences in learning styles? | ____ | ____ | ____ |
| h) Does it involve the participants in the learning? | ____ | ____ | ____ |
| i) Does it encourage opportunities to be creative for individual settings? | ____ | ____ | ____ |
| j) Is this curriculum at a readability level of 8th grade? | ____ | ____ | ____ |
| k) Is the format easy to follow? | ____ | ____ | ____ |
| **3. Curriculum Review/Endorsement** | | | |
| a) Does the training program meet and comply with federal regulations? | ____ | ____ | ____ |
| b) Does the training program meet and comply with state rules/licensing? | ____ | ____ | ____ |
| c) Has the training program been endorsed by experts in the respective field? If so, who? _____ | | | |
| d) Have the materials been reviewed/evaluated for gender fairness/gender bias? | ____ | ____ | ____ |

| | YES | NO | DON'T KNOW |
|---|---|---|---|
| e) Has the training program been endorsed/ available | | | |
| • in the state technical college system? | ____ | ____ | ____ |
| • in the community college system? | ____ | ____ | ____ |
| • in the state university system? | ____ | ____ | ____ |
| • in the University of Minnesota? | ____ | ____ | ____ |
| • in a advocacy organization? | ____ | ____ | ____ |
| • in a professional organization? | ____ | ____ | ____ |
| • in a service and/or trade organization? | ____ | ____ | ____ |
| • in government programs? | ____ | ____ | ____ |
| **4. Principles of Self-Determination (for individuals with disabilities and their families)** | | | |
| a) Are the principles of self-determination addressed "relative to the content of the materials? | ____ | ____ | ____ |
| b) Does the training program provide possibilities for individuals making choices? | ____ | ____ | ____ |
| c) Does the training program provide opportunities for individual autonomy, self-identity, growth? | ____ | ____ | ____ |
| d) Does the training program support the concept of valuing individual opinions? | ____ | ____ | ____ |
| e) Is there opportunity for making decisions? | ____ | ____ | ____ |
| f) Is there encouragement for enhanced individual control of resources? | ____ | ____ | ____ |
| g) Does the training program identify resources in the community? | ____ | ____ | ____ |
| **5. Career Development (Confer with a program administrator if appropriate)** | | | |
| a) Does the training program increase the opportunity for career growth? | ____ | ____ | ____ |
| b) Is this program part of a sequential career ladder? | ____ | ____ | ____ |
| c) Can this training be a basis of promotion? | ____ | ____ | ____ |
| d) Can this training produce | | | |
| • technical college credits? | ____ | ____ | ____ |
| • community college credits? | ____ | ____ | ____ |
| • state university college credits? | ____ | ____ | ____ |
| • University of Minnesota credits? | ____ | ____ | ____ |
| • continuing education credits? | ____ | ____ | ____ |
| e) Will this training enhance the opportunity for incentives? | ____ | ____ | ____ |

| | YES | NO | DON'T KNOW |
|---|---|---|---|
| **6. Value-Based Training** | | | |
| a) Are the principles of Value-Based Training addressed "relative to the content of the materials"? | ____ | ____ | ____ |
| b) Is the curriculum age appropriate? | ____ | ____ | ____ |
| c) Does it include opportunity for promoting interdependence of the individual? | ____ | ____ | ____ |
| d) Does it support integration/inclusion? | ____ | ____ | ____ |
| e) Is it community referenced? | ____ | ____ | ____ |
| f) Does it promote family participation? | ____ | ____ | ____ |
| g) Does the content clearly relate the values that underlie this topic? | ____ | ____ | ____ |
| h) Does it include individual rights of all? | ____ | ____ | ____ |
| i) Does it support non-intrusive, natural interventions? | ____ | ____ | ____ |
| j) Does it provide opportunities to build and support relationships? | ____ | ____ | ____ |
| k) Does it promote quality in a person's life? | ____ | ____ | ____ |
| l) Does it encourage productivity and individual contribution? | ____ | ____ | ____ |
| m) Does it promote dignity, respect, health, safety and freedom from harm for an individual? | ____ | ____ | ____ |
| n) Does it support/relate to all natural settings in which services are provided (work, recreation, leisure, home, school,community)? | ____ | ____ | ____ |
| o) Does it use "people-first" language? | ____ | ____ | ____ |
| **7. Evaluation** | | | |
| a) Does the training program have a plan for demonstrating proficiency? | ____ | ____ | ____ |
| b) Does it provide for an assessment prior to learning to establish a baseline? | ____ | ____ | ____ |
| c) Does the curriculum address the following: | | | |
| • participant's reaction? | ____ | ____ | ____ |
| • knowledge and skill development? | ____ | ____ | ____ |
| • learner values/attitude change? | ____ | ____ | ____ |
| • learner application? | ____ | ____ | ____ |
| • impact/end results? | ____ | ____ | ____ |
| d) Does the training program include observation in the "relative" setting? (Home, work, and/or school) | ____ | ____ | ____ |
| e) Are the various adult learning styles incorporated into the training program? | ____ | ____ | ____ |

# ▼ STATE AGENCY DATA

## PROBLEMS RELATED TO DATA COLLECTION

■ "Direct care staff" is a paraprofessional position, but not a job title. As the 1989 DOER Study pointed out, community facilities reported 240 different jobs with no consistent pattern of qualifications in contrast with state-operated facilities with standard job titlesand job qualifications. Providers of community services develop their own job titles for specific programs. Job titles are not consistent across agencies;

■ Many programs or services that are funded by or through an agency do not have a training line in their budgets. Agencies may not require that providers report training expenditures, especially where there is no reimbursement mechanism in place; where training or continuing education requirements are related to the licensure, certification or accreditation of programs, or individuals, that are funded by or through an agency, the qualifying entity may impose certain requirements on the provider but the agency may not require anything further;

■ Unless the receipt of funds or reimbursements for training are contingent on the reporting of specific data, such information is not included in the agency's tracking system;

■ Data collection and reporting mechanisms can vary when programs are supported by a mix of funding sources. For example, when FTE's are reported for funding purposes, it may be impossible to convert these FTE's into an actual number of persons;

■ Persons with developmental disabilities are likely receiving services from more than one type of program. Consequently, even if all programs tracked this information, it would be extremely difficult to arrive at an unduplicated count.

## MINNESOTA DEPARTMENT OF EDUCATION

The total number of individuals who are employed as direct care staff is more likely an under-estimate, rather than an over-estimate, of the actual number of direct care staff for several reasons:

■ Positions are funded on an FTE basis with either state dollars, or federal dollars, or a combination of state and federal dollars;

■ FTE does not automatically translate into one employee. Both student needs and the resources that are available within each of Minnesota's 435 school districts can determine the number of employees needed. Job titles can also be determined by the local school district;

■ Minnesota Rules may dictate classroom size and the student/educational staff ratio, with upward or downward adjustments made depending on the severity of disabilities of students in a particular classroom and the services necessary in order to satisfy Individual Education Planning (IEP) goals and objectives.

Each school district that reports a child with a disability, age 3-21, on its the December 1 unduplicated child count receives $10.00 per child, in federal funds, for personnel development. As of December 1, 1990, a total of 80,510 children were receiving special education services in Minnesota, or 9.6% of the total public and non-public school enrollment. According to a federal funding formula, which excludes children ages 0-2 for purposes of calculating a fiscal year entitlement, and based on the December 1, 1990 child count of 78,621 children, the school year entitlement for Fiscal Year 1991-92 was $786,210. Based on the December 1, 1991 child count of 80,432 children, the school year entitlement for Fiscal Year 1992-93 was $804,320. There is no state match required under a State's Comprehensive System of Personnel Development. The above-indicated dollar amounts are exclusively federal dollars and are expended solely for special education training purposes.

For school year 1990-91, an estimated $1.2 million in federal funds was also expended for training purposes for Chapter I programs; an estimated $732,855 in federal funds was expended for training purposes for Secondary Vocational Education programs.

## MINNESOTA DEPARTMENT OF HEALTH

The registry of nurse aides is maintained by the Health Resources Division of the Minnesota Department of Health. The registry is a listing of individuals who are employed in nursing homes, or who provide long term services or home care services outside of a nursing home setting. Typical job titles of individuals listed include Home Health Aide, Home Care Aide, Personal Care Attendant, and Nurse Aide, but individuals are not identified with a specific job title. Consequently, no data are available regarding the number of individuals according to job title, who work with persons with developmental disabilities in a direct care capacity and, therefore, an estimate of the number of persons with disabilities who are receiving these services is unknown.

The Department of Health also governs the provision of home care services and is currently involved in a rule-making process to adopt permanent rules relating to home care licensure. These proposed rules contain orientation requirements for anyone who provides direct care services; and preservice training and annual in-service requirements, including the demonstration of competency in certain skill areas, for both home health aides, and home care aides which is a new

paraprofessional position. 17 S.R.. 530 (1992) (proposed September 14, 1992), 15 S.R. 2668 (1991) (proposed June 24, 1991). However, some individuals who provide home care services to persons with developmental disabilities may not be subject to these training requirements.

While the Department does have authority for establishing training standards for home care providers, it is precluded from duplicating or replacing standards or requirements already imposed "under another state regulatory program", and cannot require that a Medicare certified home care provider comply with a state rule if subject to "any equivalent federal law or regulation relating to the same subject matter". Minn. Stat. § 144A.46, Subd.4.

## MINNESOTA DEPARTMENT OF HUMAN SERVICES

The Department of Human Services is responsible for services within five types of community programs: Semi-Independent Living Services (SILS), Home and Community-Based Waivered Services and Foster Care, Day Training and Habilitation Services, Intermediate Care Facilities for Mentally Retarded (ICFs/MR), and Family Support; and two state-operated programs: State-Operated Community Services (SOCS), and the Regional Treatment Centers (RTCs).

Typical job titles vary from community program to community program. The total number of direct care staff in each of these program areas may be an over-estimate because some job titles may not fit a generic definition of direct care staff as a paraprofessional position. In addition, Home Health Aides and Personal Care Attendants do provide services to persons with developmental disabilities in some community programs. These individuals would be included in the registry of nurse aides that is kept by the Minnesota Department of Health.

The Department has direct influence over the costs directed toward training of its own employees of RTC and SOCS services. However, it does not have a direct influence over the training funds of non-state-operated programs. The Department has had the ability to provide "one-time adjustments", "commissioner's special projects", and "ratre variances" on a program-by-program basis to individual programs who have served persons considered to have "special needs" (e.g., persons labeled as having challenging behaviors, medical fragility, etc.).

An individual service plan (ISP) is required to be developed by counties per Minnesota Statutes 256B.092 for persons diagnosed as having mental retardation or related conditions. The training needs of staff serving the persons should also be identified and addressed as part of this document. For each of the major services that the department is responsible for in providing oversight or licensing, the department has set standards through rule. These standards have included requirements that license holders provide staff training that meet certain criteria. Orientation must include at least 30 hours of both supervised on-the-job

## MINNESOTA DEPARTMENT OF JOBS & TRAINING

Rehabilitation facilities must be accredited by CARF (Commission on Accreditation of Rehabilitation Facilities), a national accreditor, which evaluates facilities according to a set of administrative standards and program standards. CARF program standards include a staff development component that requires facilities to periodically assess the training needs of their personnel. There are, however, no specific training or educational requirements for direct care staff. While the facility must establish "criteria" for each position, CARF does not prescribe any criteria. As long as the proper "paper trail" exists, accreditation is granted. The Department accepts accreditation and, therefore, requires no additional reports related to training.

training and other types of training and be provided to all staff and supervised volunteers who provide direct service. Services by an employee must be limited to those service areas in which the employee has successfully completed orientation or is under supervision. This orientation must be provided within the first 30 days for those working more than 20 hours a week and within 60 days for those working less than 20 hours a week.

**Subjects that must be addressed during staff orientation:**

1. Rights of persons with developmental disabilities under Minnesota law and federal rule;
2. Methods used in achieving goals and objectives of persons receiving services and how these are directed toward achieving service outcomes;
3. Reporting of maltreatment of children and vulnerable adults, and the Minnesota Data Practices Act;
4. Use of aversive and deprivation procedures;
5. Overview of types of developmental disabilities and causes, and the principle of normalization;
6. Approved procedures for administering medications and monitoring side effects. Minn. R. 9525.0355, Subp. 2. (Rule 34); Minn. R. 9525.2140, Subp. 1. Rule 42)

**Subjects that meet annual in-service training requirements:**

1. Additional training in the orientation subjects;
2. Conducting assessments of the skills and behaviors needed by persons with developmental disabilities; environmental, health and communicative factors that influence behavior; equipment needs to assist in daily living, learning and working;
3. Developing and writing measurable objectives that focus on functional skills;
4. Positive techniques to achieve behavior change, use of advanced technology, and alternative communication systems; and positioning, turning and transferring techniques.Minn. R. 9525.0355, Subp. 7. (Rule 34); Minn R. 9525.2140, Subp. 3. (Rule 42).

**Additional subjects that would meet in-service training requirements under Rule 42 include:**

1. Data collection that tracks behavior changes;
2. Analyzing information to evaluate the effectiveness of procedures used;
3. Developing methods and strategies to recommend changes in, or modification of, services provided in order to more effectively achieve goals and objectives;
4. Programs designed to promote health and wellness, and safety, including first aid and CPR training.

## ▼DD Town Meetings : Themes

■ **Much has been done and much remains to be done:** Supported employment is a positive, productive, viable, cost-effective option, but persons with developmental disabilities are under-employed. The lack of adequate funding is jeopardizing existing programs; some parts of the state are without any supported employment programs. Small community programs, SILS, and waivered services are cost-effective, but clogged waiting lists stagnate people in programs that are no longer appropriate. The early intervention process works, but coordination must continue beyond pre-school; continuity between school and adult services is a major issue. Family support services, particularly respite care, are essential but not available in all communities; CADI and TEFRA programs are cost-effective, keep families together, and should be continued.

■ **Individualization:** Principles and concepts that focus on the individual are cornerstones of federal and state law in areas such as education, case management, and service planning. But funding patterns are linked to programs and types of services rather than individuals; choices and options are not really available. Funding for services must follow the person into the community, be more flexible to assure that individual needs are met, and be controlled by people with developmental disabilities and their families.

■ **Staffing:** Low wages and high turnover rates of direct care staff in community programs reduce the quality, effectiveness and consistency of services. These issues impact the lives and futures of people with developmental disabilities. Funding disparities exist between state operated programs and community programs. Community programs can't afford or retain qualified, competent staff, given funding inequities.

■ **Leadership and Bureaucracy:** Rules and regulations should enhance quality and focus on getting services to individuals. The system is driven by excessive paper and process. Licensure, monitoring requirements, utilization and quality assurance reviews are absorbing dollars and staff time that should be concentrated on developing and delivering services. The Department of Human Services, Health, Education, and Jobs & Training must cooperate and work together as a team, concentrate on training and technical assistance, reduce the bureaucracy, and treat people with dignity and respect. The Department of Human Services is not oriented to meeting the needs of individuals, but rather on cost-containment and an obsession with paperwork.

■ **Inequity of Resources/Inconsistency in the System:** Community programs are cost-effective and provide quality services, but funding remains concentrated in the Regional Treatment Centers. Rural communities are service-deficient in the areas of transportation, employment opportunities, medical care, and affordable housing. Funding and services seem to be easier to secure for out-of-home placements; the State makes it impossible for families to stay together.

■ **Community Programs and Supports:** Community supports have proven to be cost-effective, viable and helpful, but are insufficient and not available throughout the State. For families, respite care is crucial, but funding is grossly inadequate and funding delays are wholly unreasonable. Plans and policies are specifically needed for older people with developmental disabilities, including retirement standards, appropriate housing and medical/dental care. Aging services must be based on choices rather than on funding.

THE INSTITUTE'S MISSION STATEMENT CLEARLY MARKS ITS DIRECTIONAL PATH:

**"THE MISSION OF RMRTI IS TO BRING TOGETHER ORGANIZATIONS WITHIN THE STATE TO PROMOTE EQUALITY AND FULL PARTICIPATION IN COMMUNITY LIFE FOR PEOPLE WITH DISABILITIES THROUGH PLANNING, POLICY DEVELOPMENT, TRAINING, TECHNICAL ASSISTANCE, AND RESEARCH."**

## ▼ EFFORTS IN OTHER STATES

### ■ COLORADO

In April 1986, the Rocky Mountain Resource and Training Institute was established by the Directors of four Colorado State Agencies. Three additional State Agencies subsequently became involved. The existence and success of the Institute can be attributed to the commitment made by the initial four Directors to set aside turf issues in order to reach common goals regarding the services provided by these agencies for persons with disabilities.

The Institute is a neutral and autonomous entity and thus free from the control or influence that might otherwise be wielded by any single agency. It operates under the direction of a Board of Directors comprised of a high level official from each of seven State Agencies: Rehabilitation Services; Division for Developmental Disabilities; Department of Education, Office of Special Services; Developmental Disabilities Planning Council; Division of Mental Health; Community Colleges and Occupational Education System; and the Governor's Job Training Office. An interagency agreement, modeled on by-laws that govern a not-for-profit organization, governs the relationship between the Board of Directors and the Institute.

This mission statement is reviewed annually by the Board of DIrectors and Institute staff to ensure that it remains consistent with the Institute's common goals and objectives.

The Institute's services are based on the belief that persons with disabilities are equal members of society and have the right to full community participation. Services are offered statewide, at no cost, and include training, technical assistance, group facilitation, policy analysis, information and referral, assistance with program planning and design, and membership in the Resource Library.

Training sessions are developed each year to address current issues regarding persons with disabilities. Training topics are selected based on the results of an annual statewide needs assessment survey. Technical assistance is individually designed to address the unique program, fiscal and management issues of a variety of human service agencies. The Institute, in conjunction with it's Board of Directors, analyzes current policies, defines areas in which state policy is needed, makes recommendations regarding the adoption of new policy or the revision of existing policy, and provides support to agencies and organizations in the implementation of new state policies.

The Institute focuses on services which include supported employment, assistive technology, community referenced behavioral supports, and transition from school to adult life. Both state and federal grants have supported program development and training opportunities in these service areas. In 1986, the Institute received a five year Federal grant from the Office of Special Education and Rehabilitative

Services(OSERS) to encourage the development or enhancement of supported employment programs at the local level. The National Institute on Disability and Rehabilitation Research (NIDRR) awarded a three year grant to the Institute to increase the awareness of assistive technology devices and services, and to facilitate the access of such devices and services for persons with disabilities. In 1989, the Institute received a three year OSERS grant to develop and implement a data-based tracking system to examine the outcomes of students who had participated in a transition planning pilot project. Again, in 1991, the Institute was awarded a five grant OSERS grant to fully implement the transition planning provisions under the Individuals With Disabilities Act (IDEA) on a statewide basis.

The Institute Resource Library contains informational services and resource materials in a variety of formats that utilize existing technology to assure more equitable access to the general public. Information and referral services can be received via a toll-free number or electronic bulletin board.

COLORADO IS NATIONALLY RECOGNIZED AS A LEADER IN PROVIDING SERVICES TO PERSONS WITH DISABILITIES IN A CREATIVE AND INNOVATIVE MANNER. THE INSTITUTE IS A MODEL THAT CAN BE REPLICATED AND EFFECTIVELY USED AS A CATALYST FOR SYSTEMS CHANGE.

## ■ IDAHO

In 1990, legislation was enacted in the State of Idaho that required specialized training for all individuals who were employed as personal care attendants for persons with developmental disabilities. In that same year, Idaho's University Affiliated Program was awarded a grant by the Administration on Developmental Disabilities (ADD) to develop a training curriculum for personal care attendants. Four steps were taken to assure the development of a quality curriculum: 1) an advisory board was created to provide feedback on issues related to curriculum content, training logistics, and application procedures for screening prospective instructors; 2) curriculum characteristics were identified and included production in large print, materials that emphasized empowerment of persons with disabilities and their families, concept overviews such as community living skills, and tests, readings, and structured discussion questions; 3) a video was developed that described the training program and provided an overview of training modules; 4) an evaluation component allowed for extensive peer review by professionals in the field of developmental disabilities and training program participants. Curriculum adjustments were made as a result of these reviews.

Training modules were developed in five topic areas: 1) ethical treatment of persons with disabilities, including the principle of normalization; 2) an overview of developmental disabilities, and family needs; 3) positive programming, including strategies for full inclusion, community integration, information on skills teaching, and the importance of assistive technology; 4) strategies for increasing positive behaviors and procedures for changing challenging behaviors, and procedures for changing challenging behaviors, and functional behavioral assessment; 5) how to develop a community action plan.

**THE ADD CONSIDERED IDAHO'S CURRICULUM, "CREATING VISIONS," AN EXEMPLARY MODEL. THIS CURRICULUM WAS DESIGNED TO TEACH BASIC COMPETENCIES. IT EMPHASIZES VALUES, FOCUSES ON PERSONS WITH DISABILITIES AND THEIR FAMILIES, AND EMPOWERMENT, AND IS RESPONSIVE TO STATE AND LOCAL NEEDS.**

EVALUATION WAS VIEWED AS AN ON-GOING PROCESS; BOTH POSITIVE AND NEGATIVE CRITIQUES WERE GIVEN FULL CONSIDERATION BEFORE CURRICULUM DECISIONS WERE MADE.

## ■ NEW YORK

In October 1987, the New York State Office of Mental Retardation and Developmental Disabilities published a Direct Care Competency Manual. These competencies were developed over a period of several years and were the result of a joint effort of direct care staff, residential supervisors, and staff development supervisors.

The competencies represent groups of critical related skills, or "duty statements", that define broad areas of responsibility of direct care staff who provide services to persons with developmental disabilities in community residential settings and developmental centers. Specific competencies are identified within each grouping, or "duty statement", and staff are assessed on an individual basis to test the attainment of skills in a classroom situation and successful performance of skills in the actual job setting .

NORTH DAKOTA HAS SUCCESSFULLY ADDRESSED THE LOW PAY, HIGH STAFF TURNOVER PROBLEM BY DESIGNING A TRAINING PROGRAM THAT DEFINES A CAREER LADDER. SEVEN LEVELS OF COMPETENCY - BASED TRAINING HAVE BEEN ESTABLISHED WHICH LEAD TO CERTIFICATION OR DEGREE PROGRAMS. THIS CAREER LADDER GROWTH SERVES TO ATTRACT AND MAINTAIN WELL-TRAINED DIRECT CARE STAFF WHO CAN MEET BASIC COMPETENCY REQUIREMENTS AND PROMOTES A LONG-TERM COMMITMENT TO WORK IN THE FIELD OF DEVELOPMENTAL DISABILITIES.

## ■ NORTH DAKOTA

The development of a statewide training program in North Dakota was initiated in 1982. This program was a collaborative effort of the North Dakota Developmental Disabilities Division and Minot State University. It was prompted by actions taken by the 1981 North Dakota Legislative Assembly to promote deinstitutionalization and to enhance the community service delivery system. As a result of these actions, the Division identified staff training as critical to assuring that persons with disabilities receive the maximum benefits from services provided in community settings.

A training project was implemented in 1983 with Federal grant support. A training curriculum was developed from the Kellogg Model Curriculum, based on the Value-Based Skill Training Curriculum for Community-Based Mental Retardation Programs developed at Meyer Children's Rehabilitation Institute, University of Nebraska Medical Center. Training modules were taken either directly from that curriculum, or adapted to best meet North Dakota's situation.

This statewide training program is funded by including training costs in provider contracted rates. The Developmental Disabilities Division's reimbursement regulations allow for reimbursement of training costs, for those staff who meet the required competency levels, and reimbursement of one hour per week of on-site training.

SIX INSTRUCTIONAL MODULES ARE PROVIDED OVER 15 TRAINING SESSIONS WITH OPTIONAL COLLEGE CREDITS FROM KANSAS HIGHER EDUCATION INSTITUTIONS.

## ■ KANSAS

The Kansas University Affiliated Program, with support from the Kansas Department of Social and Rehabilitation Services, coordinates the development of a statewide training program for direct care staff entitled "Kansans Educating and Empowering Persons with Developmental Disabilities." This program trains staff to address such quality issues as personal health, personal choice, personal planning, community presence, and meaningful social relationships.

## ▼ GUIDING PRINCIPLES

1. All people have a right to dignity and respect.

2. Minnesota's Department of Health, Education, Human Services and Rehabilitation Services quality standards must address and promote human dignity, self-determination, independence, non-aversive approaches and recognize the ability of the individual to make decisions about service and care.

3. There is a direct link between the quality of a service and the competency of the individuals providing that service at all levels.

4. State-of-the-art knowledge about the most effective and appropriate methods of service delivery is changing rapidly and continuously and must be disseminated in a timely basis.

5. Competency based pre-service and continuing education is a critical component for assurance of quality and increases the likelihood that quality services are delivered.

6. Values and principles underlying any service delivered must be taught and application, rather than articulation, of those values must be measured.

7. Family members who provide services to their relative(s) with developmental disabilities benefit from pre/continuing educational opportunities in a manner identical to other serivce providers.

8. Educational opportunities must be delivered geographically and physically in accessible locations throughout the state.

9. Educational opportunities must be provided by a variety of entities and methods in the most cost effective manner.

10. The effectiveness of training is increased with the availability of technical assistance, follow up.

## ▼ LONG TERM STRATEGY

The task force recommends ways to ensure: the development and delivery of pre-service and continuing education materials and programs to all individuals and families who provide services to persons with developmental disabilities; that educational materials and program criteria are developed based on the aforementioned guiding principles; the results of the criteria assessment are applied to available educational materials and programs and this information is disseminated to entities offering education program opportunities.

## *Task Force*

## ▼ VISION

Individuals who provide services to persons with developmental disabilities are appropriately and effectively trained.

## ▼ MISSION

The mission of the Minnesota Technical College Advisory Task Force is to recommend ways to increase the availability and quality of education, educational materials and training across the state for people, including family members, who provide direct services to people with developmental disabilities. In order to promote the dignity of persons with developmental disabilities, educational materials will be value-based, outcome based, and competency based.

## GOAL 1: INCREASE THE QUALITY, AVAILABILITY AND DELIVERY OF EDUCATION PROGRAMS AND MATERIALS.

■ **Objective 1:** Information about current high quality programs and materials will be disseminated to all appropriate entities throughout Minnesota by January, 1993.

**Performance Criteria:** Criteria meet guiding principles; review of materials is complete; materials are rated according to criteria; report is prepared.

**Tasks:**

- Define competency.
- Collect and complete research of materials and programs currently available.
- Apply criteria to existing materials and programs.
- Identify and prioritize needed educational pre/continuing education programs and materials.
- Draft a report of findings
- Disseminate report to all appropriate agencies.

**Who is Responsible:** Criteria Sub-committee of Task Force.

■ **Objective 2:** A state wide, high quality and cost effective pre/continuing education implementation plan will be designed by January, 1992.

**Performance Criteria:** Side by side comparison completed for requirements, funding; analysis of survey data completed; report prepared.

**Tasks:**

- Analyze current training requirements in the departments of human services, health, education, and jobs and training.
- Analyze current appropriations for education or training within departments.
- Survey or collect existing survey information from providers and other local entities offering pre/continuing education.
- Identify duplication of effort and resources, conflicts in requirements, and gaps in quality considerations based on guiding principles.
- Verify that implementation plan is based on Task Force report.
- Draft a report recommending any changes of reconfiguration of resources and requirements.

**Who is Responsible:** Education System Change Sub-committee

■ **Objective 3:** Three new curricula based on identified need and priority will be developed and/or replicated for dissemination and use on a state wide basis by September, 1993.
**Performance Criteria:** Three curricula meet criteria.
**Tasks:**
- Review findings of the results of objective 1and objective 2 prior to determining three new curricula.
- Draft RFP for development of educational materials
- Disseminate RFP to all appropriate entities.
- Review and recommend contract agreement(s).
- Evaluate quality of product(s).
- Clarify dissemination process.
- Disseminate product(s).

**Who is Responsible:** New Materials Sub-committee of Task Force.
**Tasks:** Recommend contract agreement (s) to Technical College System.
**Who is Responsible:** Task Force.

## GOAL 2: RAISE AWARENESS OF THE MEMBERS OF THE LEGISLATURE OF THE TASK FORCE RESOLUTION RELATED TO FUNDING NEEDS.

■ **Objective 1:** Raise awareness level of legislature of needs by reporting to the legislature by April 15, 1992.
**Performance Criteria:** Task Completion
**Tasks:**
- Prepare fact sheet.
- Solicit letter of support.
- Document Task Force efforts.
- Recommend plans for future.

■ **Objective 2:** $500,000 is allocated to the Minnesota Technical College System in the Governor's budget for the next biennium in to meet Goal
**Tasks:** Refer to Sub-committee to development
**Who is Responsible:** Legislative Sub-committee of Task Force

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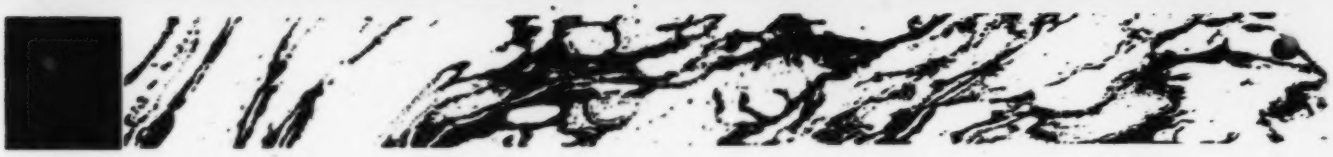

Minnesota Technical College System

Equal Opportunity Educator/Employer

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**PREPARED BY THE MINNESOTA STATE TECHNICAL COLLEGE TASK FORCE ON EDUCATIONAL OPPORTUNITIES FOR DEVELOPMENTAL DISABILITIES SERVICE PROVIDERS**

**PARENTS, CONSUMERS, ADVOCACY GROUPS**
Pat Tietz, Dorothy Skarnulis, Lorrie Ufkin, Byron Johnson, Joyce Lang, Bill Malleris.

**STATE EMPLOYEE UNION, ORGANIZATIONS AND INDIVIDUALS**
Belle Phillippi, Jerry Mueller, Marcia B. Bryan, Sherri Mortensen Brown, Hans Swemle.

**POSTSECONDARY EDUCATION AND CONCERNED CITIZENS**
Lowell Rasmussen, Teri Wallace, Melodie Broden, Lloyd A. Petri.

**STATE AGENCIES**
MN Department of Health, Jan Jernell
MN Department of Jobs and Training, Kim Rezek, Allan Lunz,
MN Department of Human Services, Ralph McQuarter
MN Department of Education, Levi Young

**GOVERNOR'S PLANNING COUNCIL ON DEVELOPMENTAL DISABILITIES**
Colleen Wieck, Ron Kaliszewski

**CONTRACTED CONSULTANT**
Naomi Beachy, Brainerd Staples Technical College

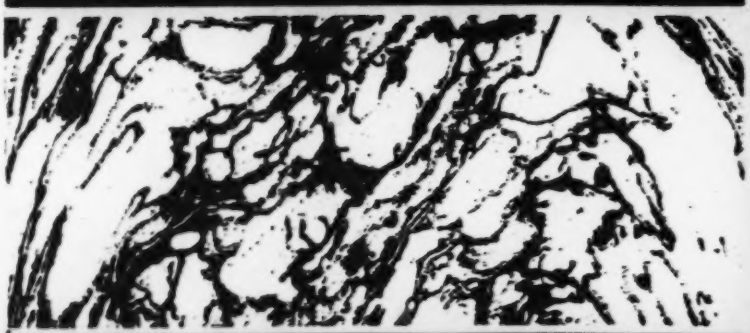
Minnesota Technical College System

Equal Opportunity Educator/Employer



*Executive Summary*

# STATE TECHNICAL COLLEGE TASK FORCE ON EDUCATIONAL OPPORTUNITIES FOR DEVELOPMENTAL DISABILITIES SERVICE PROVIDERS



# S

### CURRICULUM

▼ Tailor training to the audience; make no assumption that basic skills exist.

▼ Training materials must be accessible and understandable for trainers and training participants.

▼ There is a need for a mechanism to assure that curricula are regularly identified, updated, reviewed, evaluated, and accessible.

▼ Training (including curricula, materials, design, delivery and instructional methodology) should be consistent with the values described in the Guiding Principles.

### DELIVERY

▼ Broaden the focus of training and make it accessible to existing generic community resources such as families, home health care agencies, senior programs, special education programs,, scouting programs, ancillary or paraprofessional staff.

▼ All training programs shall be accessible to anyone interested in attending subject to space availability and administrative constraints.

▼ Competency-based training should be regularly available and include on-going support.

▼ Training should include on-site demonstration of skills learned and on-going technical assistance should be available.

### EVALUATION

▼ Establish a process for ongoing review of curriculum.

▼ Share information about successful training approaches through dissemination.

▼ Build in a component to evaluate the impact of training on the quality of services, with evaluation to include at least the person receiving services and families or legal representatives.

### INCENTIVES

▼ Identify and remove disincentives for training from existing rules and replace with incentives.

▼ No certification should be required but training should provide flexible accreditation and promote career ladder opportunities for direct care staff.

▼ Identify and remove barriers for those who would receive training and those who would provide training. Replace with incentives.

Minnesota needs to invest in a statewide training system for direct care providers, including families. Data that has been obtained from the Departments of Human Services, Education, and Jobs & Training show that approximately $1.5 million per year is being expended for direct care staff training.[1] That figure does not include training costs that are incurred by community service providers.

In spite of this expenditure, training needs are not being met. The results of a survey and focus groups, conducted in March 1992, to identify statewide training needs, show that current education and training materials and resources, and on-going staff and family support are very much needed. Town meeting testimony between July and September, 1992 also identified staff training and staff retention as problems that affected the quality and effectiveness of community programs.

Training issues are not unique to our state. Colorado and North Dakota have established statewide training systems. New York and Idaho have developed training curricula that emphasize values and include a strong evaluation component. Their models are presented in the larger report text.

[1]This represents the dollars expended or allocated by each State Agency and the reporting year as follows:
-Department of Jobs and Training, Division of Rehabilitation Services: $77,000 total training budget for Federal Fiscal Year 1991 ($70,000 federal funds; $7,000 state funds); $4238 expended for paraprofessional training;
-Department of Education: $804,320 in federal funds available for School Year 1992-93 for special education staff training;
-Department of Human Services: $546,839 expended in Calendar Year 1991 for ICF/MR program staff training; $39,000 expended between July 31,1991 and October 5,1992 for SOCS program staff training; $146,078 allocated for RTC/SOCS program staff training for State Fiscal Year 1993.

A review of nearly twenty years of reports and studies regarding training for direct care providers and families shows that persistent problems have hampered the implementation of a statewide, state-of-the-art training system in Minnesota. Defined deficiencies in the following areas:

**A NEED TO SECURE INTERAGENCY COOPERATION AND COLLABORATION;**

**A NEED TO SECURE ADEQUATE FUNDING TO SUSTAIN A DELIVERY SYSTEM.**

**A NEED TO DEVELOP CURRICULUM AND TRAINING MATERIALS THAT EMPHASIZE SKILLS AND ARE COMPETENCY-BASED;**

**A NEED TO EFFECTIVELY DISSEMINATE TRAINING AND EDUCATION MATERIALS AND RESOURCES;**

**A NEED TO DEVELOP A PROCESS TO EVALUATE EDUCATION AND TRAINING MATERIALS THAT IS VALUE- AND OUTCOME-BASED;**

**A NEED TO INCLUDE INCENTIVES THAT WILL ADDRESS LOW WAGE, HIGH TURNOVER, AND STAFF RETENTION PROBLEMS.**

In 1991, the Minnesota Legislature created an advisory task force and called for a report on changes that are needed in preservice and continuing education programs for direct care staff. The following Vision, Mission, and Guiding Principles were adopted by the Task Force and serves as the basis for a final set of Recommendations.

## OUR VISION...

is that individuals who provide services to persons with developmental disabilities are appropriately and effectively trained.

## OUR MISSION...

is to recommend ways to increase the availability and quality of education, educational materials and training across the state for people, including family members, who provide direct services to people with developmental disabilities.

## GUIDING PRINCIPLES

1. All people have a right to dignity and respect.
2. Minnesota's Health, Education, Human Services and Rehabilitation Services quality standards must address and promote human dignity, self-determination, independence, non-aversive approaches and recognize the ability of the individual to make decisions about service and care.
3. There is a direct link between the quality of a service and the competency of the individuals providing that service at all levels.
4. State-of-the-art knowledge about the most effective and appropriate methods of service delivery is changing rapidly and continuously and must be disseminated on a timely basis.
5. Competency-based preservice and continuing education is a critical component for assurance of quality and increases the likelihood that quality services are delivered.
6. Values and principles underlying any service delivered must be taught and application, rather than articulation, of those values must be measured. These values are age appropriate curricula; supports integration/ inclusion; is community referenced; promotes family participation; includes the individual rights of all; opportunity for promoting the interdependence of the individual; supports non-intrusive, natural interventions; provides opportunities to build and support relationships; promotes quality in a person's life; encourages productivity and individual contribution; promotes dignity, respect, health, safety, and freedom from harm for an individual; supports or relates to all natural settings in which services are provided (work, recreation, leisure, home, school, community); and content that clearly relates the values that underlie a specific topic.
7. Family members who provide services to their relative(s) with developmental disabilities benefit from pre/continuing educational opportunities in a manner identical to other service providers.
8. Educational opportunities must be delivered geographically and physically, to all individuals who provide direct care services, in accessible locations throughout the state.
9. Educational opportunities must be provided by a variety of entities and methods in the most cost-effective manner.
10. The effectiveness of training is increased with the availability of technical assistance, follow up, incentives for individuals and agencies, and consequences.

# ▼ RECOMMENDATION

THESE RECOMMENDATIONS DIRECTLY RESPOND TO THE SIX PROBLEM AREAS PREVIOUSLY SITED. THEY ARE SUPPORTED BY REFERENCES TO SPECIFIC REPORTS AND STUDIES THAT ARE REFERENCED IN THE OVERVIEW OF MINNESOTA'S HISTORY PRESENTED IN THE COMPLETE REPORT.

### FUNDING

▼ Move resources from expensive, more restrictive, segregated services to home and community-based services.

▼ Establish a "training voucher system" where the voucher follows the person with developmental disabilities and the value of the voucher is tied to the needs of the person receiving services.

▼ As a general policy, training dollars should be available as new services are developed.

▼ Funding should be available to develop and field test new curriculum and approaches .

▼ If federal dollars are available for training and if a state match is allowed, then the State should match those federal dollars.

▼ Training for direct care providers must become a priority and funding must be allocated to assure such training. Funding should be weighted based on the need and in addition to funding for direct care services.

### MANAGEMENT/ INTERAGENCY

▼ State agency coordination/ collaboration will need legislative direction.

▼ Currently, it is nearly impossible to determine how much money is being spent on the training of direct care providers. There is a great need for agencies to develop a tracking system to allow the State to determine the amount of funds being spent on training, how funds are being spent, who is receiving training, and the outcomes achieved by such training.

▼ Agencies currently providing training or training funds, the Department of Human Services, Education, Health, Jobs & Training, and Transportation should coordinate such training in order ro promote efficiency, cost-effectiveness and the achievement of outcomes.

▼ Modify all applicable rules/legislation so that the emphasis is on the values described in the Guiding Principles (left).

They should possess the following characteristics: a commitment to the Vision; responsiveness to regional needs; accessibility to direct care providers; elimination of red tape; good track record for training delivery;and the able to assume these responsibilities without diluting its existing mission while realistically administering direct care provider training.

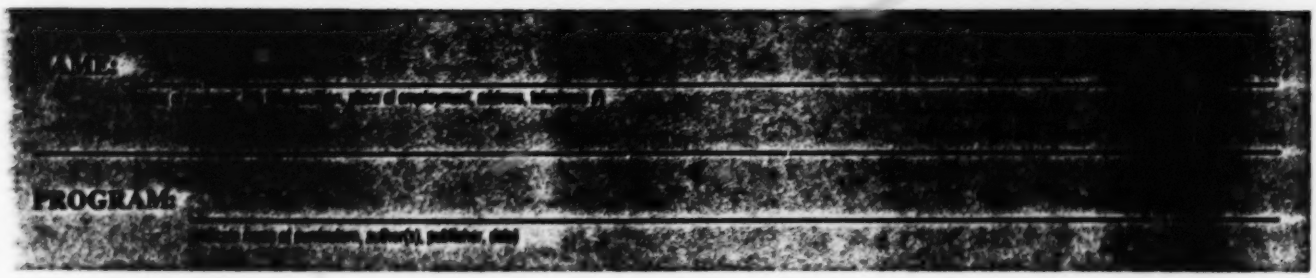
STATE TECHNICAL COLLEGE

TASK FORCE ON

# EDUCATIONAL OPPORTUNITIES

## FOR DEVELOPMENTAL DISABILITIES SERVICE PROVIDERS

# CRITERIA FOR COMPETENCY BASED TRAINING




**PROJECTED TIME TO COMPLETE TRAINING PROGRAM** _____

Type of Materials: (textbook, workbook, teaching aids) _____

Materials designed for:

Orientation _____ Pre-service _____ Inservice _____ Conference_____

Other(indicate)

_____



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| | YES | NO | DON'T KNOW |
|---|---|---|---|
| **1. State-of-the-Art Curriculum** | | | |
| a) Is it reviewed and updated at least every two years? | _____ | _____ | _____ |
| b) Is the author credible, recognized, and/or up-to-date on the topic? | _____ | _____ | _____ |
| c) Has the training program been piloted/field tested? | _____ | _____ | _____ |
| d) Does it comply with the Technical College Vogler Performance Based System? (This refers to the system that Minnesota State Technical Colleges use in determining the feasibility of college credits). | _____ | _____ | _____ |
| e) Are the references recent and/or relevant within the last 2-5 years? | _____ | _____ | _____ |
| **2. Adult-Based Learning** | | | |
| a) Are there measurable learner objectives? | _____ | _____ | _____ |
| b) Are there measurable instructional objectives? | _____ | _____ | _____ |
| c) Are the materials culturally sensitive and relevant? | _____ | _____ | _____ |
| d) Are the materials disability sensitive and relevant? | _____ | _____ | _____ |
| e) Does it allow for recognition of participant's experiences? | _____ | _____ | _____ |
| f) Does it vary instructional techniques? | _____ | _____ | _____ |
| g) Does it allow for differences in learning styles? | _____ | _____ | _____ |
| h) Does it involve the participants in the learning? | _____ | _____ | _____ |
| i) Does it encourage opportunities to be creative for individual settings? | _____ | _____ | _____ |
| j) Is this curriculum at a readability level of 8th grade? | _____ | _____ | _____ |
| k) Is the format easy to follow? | _____ | _____ | _____ |
| **3. Curriculum Review/Endorsement** | | | |
| a) Does the training program meet and comply with federal regulations? | _____ | _____ | _____ |
| b) Does the training program meet and comply with state rules/licensing? | _____ | _____ | _____ |
| c) Has the training program been endorsed by experts in the respective field? If so, who? _____ | | | |
| d) Have the materials been reviewed/evaluated for gender fairness/gender bias? | _____ | _____ | _____ |

| | YES | NO | DON'T KNOW |
|---|---|---|---|
| e) Has the training program been endorsed/ available | | | |
| • in the state technical college system? | ____ | ____ | ____ |
| • in the community college system? | ____ | ____ | ____ |
| • in the state university system? | ____ | ____ | ____ |
| • in the University of Minnesota? | ____ | ____ | ____ |
| • in an advocacy organization? | ____ | ____ | ____ |
| • in a professional organization? | ____ | ____ | ____ |
| • in a service and/or trade organization? | ____ | ____ | ____ |
| • in government programs? | ____ | ____ | ____ |
| **4. Principles of Self-Determination (for individuals with disabilities and their families)** | | | |
| a) Are the principles of self-determination addressed "relative to the content of the materials? | ____ | ____ | ____ |
| b) Does the training program provide possibilities for individuals making choices? | ____ | ____ | ____ |
| c) Does the training program provide opportunities for individual autonomy, self-identity, growth? | ____ | ____ | ____ |
| d) Does the training program support the concept of valuing individual opinions? | ____ | ____ | ____ |
| e) Is there opportunity for making decisions? | ____ | ____ | ____ |
| f) Is there encouragement for enhanced individual control of resources? | ____ | ____ | ____ |
| g) Does the training program identify resources in the community? | ____ | ____ | ____ |
| **5. Career Development (Confer with a program administrator if appropriate)** | | | |
| a) Does the training program increase the opportunity for career growth? | ____ | ____ | ____ |
| b) Is this program part of a sequential career ladder? | ____ | ____ | ____ |
| c) Can this training be a basis of promotion? | ____ | ____ | ____ |
| d) Can this training produce | | | |
| • technical college credits? | ____ | ____ | ____ |
| • community college credits? | ____ | ____ | ____ |
| • state university college credits? | ____ | ____ | ____ |
| • University of Minnesota credits? | ____ | ____ | ____ |
| • continuing education credits? | ____ | ____ | ____ |
| e) Will this training enhance the opportunity for incentives? | ____ | ____ | ____ |

| | YES | NO | DON'T KNOW |
|---|---|---|---|
| **6. Value-Based Training** | | | |
| a) Are the principles of Value-Based Training addressed "relative to the content of the materials"? | ____ | ____ | ____ |
| b) Is the curriculum age appropriate? | ____ | ____ | ____ |
| c) Does it include opportunity for promoting interdependence of the individual? | ____ | ____ | ____ |
| d) Does it support integration/inclusion? | ____ | ____ | ____ |
| e) Is it community referenced? | ____ | ____ | ____ |
| f) Does it promote family participation? | ____ | ____ | ____ |
| g) Does the content clearly relate the values that underlie this topic? | ____ | ____ | ____ |
| h) Does it include individual rights of all? | ____ | ____ | ____ |
| i) Does it support non-intrusive, natural interventions? | ____ | ____ | ____ |
| j) Does it provide opportunities to build and support relationships? | ____ | ____ | ____ |
| k) Does it promote quality in a person's life? | ____ | ____ | ____ |
| l) Does it encourage productivity and individual contribution? | ____ | ____ | ____ |
| m) Does it promote dignity, respect, health, safety and freedom from harm for an individual? | ____ | ____ | ____ |
| n) Does it support/relate to all natural settings in which services are provided (work, recreation, leisure, home, school,community)? | ____ | ____ | ____ |
| o) Does it use "people-first" language? | ____ | ____ | ____ |
| **7. Evaluation** | | | |
| a) Does the training program have a plan for demonstrating proficiency? | ____ | ____ | ____ |
| b) Does it provide for an assessment prior to learning to establish a baseline? | ____ | ____ | ____ |
| c) Does the evaluation address the following: | | | |
| • participant's reaction? | ____ | ____ | ____ |
| • knowledge and skill development? | ____ | ____ | ____ |
| • learner values/attitude change? | ____ | ____ | ____ |
| • learner application? | ____ | ____ | ____ |
| • impact/end results? | ____ | ____ | ____ |
| d) Does the training program include observation in the "relative" setting? (Home, work, and/or school) | ____ | ____ | ____ |
| e) Are the various adult learning styles incorporated into the training program? | ____ | ____ | ____ |

**Minnesota Technical College System**

**▼ Additional information or assistance is available from Naomi Beachy, Customized Training, Brainerd Staples Technical College, Airport Road, Staples, MN 56479. (218-894-3726)**